



First Evangelical Lutheran Church of Rush City  
2016 - 2017 SUNDAY SCHOOL REGISTRATION

Children in Family (Please include all children from birth to grade 12)

|    |              |       |       |        |
|----|--------------|-------|-------|--------|
| 1. | _____        | _____ | _____ | _____  |
|    | Child's Name | Age   | Grade | M or F |
| 2. | _____        | _____ | _____ | _____  |
|    | Child's Name | Age   | Grade | M or F |
| 3. | _____        | _____ | _____ | _____  |
|    | Child's Name | Age   | Grade | M or F |
| 4. | _____        | _____ | _____ | _____  |
|    | Child's Name | Age   | Grade | M or F |
| 5. | _____        | _____ | _____ | _____  |
|    | Child's Name | Age   | Grade | M or F |

Parent/ Guardian Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- OVER PLEASE -

Permissions/Authorizations - Please check for approval and then sign

\_\_\_\_ I hereby give permission for my child to participate in any activity and field trips planned by the staff for Sunday school.

\_\_\_\_ I also authorize delivery of necessary emergency care by available medical personnel.

\_\_\_\_ Furthermore, I grant permission for photographs of me and my family taken in connection with Church events and that such photographs may be used with or without my name for any lawful purpose, include such purposes as publicity, illustration, advertising and web content.

Parent/Guardian Signature: \_\_\_\_\_

Would you be willing to volunteer your time to help out in Sunday School? \_\_\_\_\_

Anything else the Sunday School Staff need to know about your children? (allergies,etc?)

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Thank you for taking the time to fill out this form. Should you have any questions regarding Sunday School at First Lutheran, please contact the church.

First Evangelical Lutheran Church  
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Rush City, MN 55069

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