

First Evangelical Lutheran Church of Rush City

2010-2011 SUNDAY SCHOOL REGISTRATION 2010-2011

List children's names on reverse side

Every child needs to be newly registered each Fall.

Mother/Guardian
address
city zip
phone: home cell
email address
Member of First Evangelical Lutheran Church?
Please circle one Yes No Interested

Father/Guardian
address
city zip
phone: home cell
email address
Member of First Evangelical Lutheran Church?
Please circle one Yes No Interested

Parent Commitment: I am agreeing to partner with First Evangelical Lutheran Church in providing a loving, positive, Christian learning environment. With God's help, I promise to make Sunday School a priority in my child(ren)'s life and I will provide support as needed.

**Parents are requested to serve in at least one of the following areas. Write adults name(s) in blank next to the area in which you are willing to assist.

- _____ Serve on Christian Education Committee
_____ Rotational Leader: Teach the same lesson to 3 different age groups (3 week commitment)
_____ Preschool Sunday School Teacher/Co-Teacher 3 & 4 year olds (year long commitment)
_____ Substitute Teacher
_____ Lead/organize youth activities throughout the year (bowling, snow tubing, ect)

Authorization for Participation: I give my permission for my child to participate in any activity and field trips planned by the staff for Sunday school up to five miles from the church building. I also authorize delivery of necessary emergency care by available medical personnel.

Signature (Parent's or Guardian's)

Date

First Evangelical Lutheran Church
1000 South Jay Ave, PO Box 73
Rush City, MN 55069-0073
rushcityfirstlutheran.org

office phone: 320-358-4076
fax: 320-358-3365
email: youth@rushcityfirstlutheran.org

8/09 office use_____

The following person(s) are authorized to pick up my child(ren).

Name phone

1. Child's name

first *middle* *last*
M or F
date of birth _____ date of baptism _____.

Circle the child's class for the Fall of 2010

Preschool – (3 yrs old by Sept 13) Pre Kindergarten Kindergarten
Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

Please list any special needs/concerns of your child to help us best serve him/her:

2. Child's name

first *middle* *last*
M or F
date of birth _____ date of baptism _____.

Circle the child's class for the Fall of 2010

Preschool – (3 yrs old by Sept 13) Pre Kindergarten Kindergarten
Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

Please list any special needs/concerns of your child to help us best serve him/her:

3. Child's name

first *middle* *last*
M or F
date of birth _____ date of baptism _____.

Circle the child's class for the Fall of 2010

Preschool – (3 yrs old by Sept 13) Pre Kindergarten Kindergarten
Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

Please list any special needs/concerns of your child to help us best serve him/her.

Please write anything else that you want Sunday School staff to know:
