

**Resurrection Evangelical Lutheran Church**  
**Sunday School 2010-2011**  
**Required Registration Form**

*Please fill out and sign one form per family and return to the Church Office or directly to Chris Dinan at your earliest convenience. Thank you for sharing this information which is necessary to help us provide safe and fun-filled learning experiences across the upcoming Sunday School year!*

**Background Information**

Parent/Guardian Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*\*\* Note: the above is very important so we could reach you in case of emergency during class\*\**

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

1<sup>st</sup> Child's Name: \_\_\_\_\_

1<sup>st</sup> Child's Birthdate: \_\_\_\_\_

1<sup>st</sup> Child's School: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_

2<sup>nd</sup> Child's Birthdate: \_\_\_\_\_

2<sup>nd</sup> Child's School: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_

3<sup>rd</sup> Child's Birthdate: \_\_\_\_\_

3<sup>rd</sup> Child's School: \_\_\_\_\_

Please list any allergies (including food allergies) we should be aware of:

\_\_\_\_\_

Other medical conditions or special circumstances we should be aware of:

\_\_\_\_\_

**Emergency Information**

**In case of emergency (and parent/guardian cannot be reached):**

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

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# Family Participation

*In compliance with RELC's Child Protection Policy, there will be two adults in each classroom at all times during the Sunday School hour. Accordingly, as a registered Sunday School family, an adult from your household will be asked to serve as an aide to each of your children's teachers twice across the school year.*

*Further, in our effort to provide a robust Children's Education Program at RELC, we are offering many opportunities across the Sunday School year. We would strongly encourage your help in the following areas. Please indicate those specific activities below that you are willing to be contacted regarding related volunteer opportunities:*

Children's Word

Family Movie Night

Family Sunday School Sundays

*(note: this is a new program similar to Intergenerationals in past years)*

Advent Activities

Christmas Activities

Lenten Activities

Other  if you would like, please specify: \_\_\_\_\_

*Should you have special interests/skills that you would like to share (i.e. baking, sewing, building, etc.), please note below so that we may best utilize the vast gifts and resources across our Sunday School families to the benefit of all of our children.*

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Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_