



# 2016 – 2017 Sunday School

## Immanuel Lutheran Church

3184 Church Street, P.O. Box 739  
Manchester, Maryland 21102  
410-374-4463 Info@ielcmd.org  
www.ImmanuelLutheranCCMD.org

NAME OF CHILD \_\_\_\_\_  
First Last

SEX \_\_\_\_\_  
M/F

DATE OF BIRTH OF CHILD \_\_\_\_\_  
Month Day Year

GRADE \_\_\_\_\_  
As of September 2016

PARENT/GUARDIAN NAME \_\_\_\_\_  
First Last

Relationship \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_  
First Last

Relationship \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
OK to Text? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### EMERGENCY CONTACT (During Sunday School)

NAME \_\_\_\_\_  
First Last Phone Relationship

PLEASE LIST ANY ALLERGIES AND/OR DISABILITIES OF WHICH WE SHOULD BE AWARE

\_\_\_\_\_  
\_\_\_\_\_

ANY ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD

\_\_\_\_\_  
\_\_\_\_\_

### PARENT VOLUNTEER INFORMATION

I am willing to help in the following area(s):

\_\_\_\_ Substitute    \_\_\_\_ Group Leader    \_\_\_\_ Workshop Leader    \_\_\_\_ Snack Helper  
\_\_\_\_ Class Helper    \_\_\_\_ Help w/special activities    \_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ I am available Sunday morning during the Sunday School hour

I grant to IELC, the right to take photographs of me and my family in connection with Sunday School 2016-2017. I authorize IELC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that IELC may use such photographs with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_