



2017 – 2018 Sunday School

Immanuel Lutheran Church

3184 Church Street, P.O. Box 739

Manchester, Maryland 21102

410-374-4463 Info@ielcmd.org

www.IELCMD.org

* You do *not* have to be a member of Immanuel *

NAME OF CHILD _____
First Last

SEX _____
M/F

DATE OF BIRTH OF CHILD _____
Month Day Year

GRADE _____
As of September 2017

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 _____