



# We are Disciples!

2011-2012  
 Calvary Lutheran Church  
 Sunday School Information Form

Mother's Name: \_\_\_\_\_ Mother's preferred Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's preferred Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

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

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

\* We will frequently be sending email communications and reminders about Sunday School to the email address/es provided. Sunday School updates will also be sent home with your child/children periodically.

Child's Name: \_\_\_\_\_

Pre-schooler Age: \_\_\_\_\_ **OR** Grade in School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Pre-schooler Age: \_\_\_\_\_ **OR** Grade in School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Pre-schooler Age: \_\_\_\_\_ **OR** Grade in School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Pre-schooler Age: \_\_\_\_\_ **OR** Grade in School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

<input type="checkbox"/> Please supervise my child until I (or a person listed below) come to pick him/her up. Please list any others who may pick up your child:  _____ _____
<input type="checkbox"/> Please release my child at the conclusion of class, about 10:30 a.m.

I would like to:

- \_\_\_\_\_ Make BULLETIN BOARDS or GATHER SUPPLIES
- \_\_\_\_\_ Help with ONE-TIME PROJECTS
- \_\_\_\_\_ Help with CHRISTMAS PROGRAM
- \_\_\_\_\_ Help with EASTER PROGRAM
- \_\_\_\_\_ Help with ROOM DECORATIONS

- \_\_\_\_\_ Bake GOODIES for a special event
- \_\_\_\_\_ SWEATY STUFF (event setup, entry landscape care)
- \_\_\_\_\_ Pray for our Sunday School Teachers and Students
- \_\_\_\_\_ Receive information about being a TEACHER!