

Zion Sunday School Registration 2009-2010

I would like to have my child continue his/her faith growth at Zion Lutheran Church in Southington, CT

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Date of Baptism: _____

Grade in School: _____ Last Sunday School Class Attended: _____

Siblings' Names & Ages: _____

Mailing Address: _____

Home Phone: _____ Emergency Contact Phone During Class Time: _____

Emergency Contact Person & Phone number (between 9a-10a on Sunday) if we can not reach you at the above number: _____

Physical Limitations: _____ Dietary Concerns or Food Allergies: _____

Special Needs: _____

My main concern(s) or question(s) about this program are: _____

I understand that the more involved I am in my child's faith growth, the greater his/her interest and participation. I would like to: *(please adapt to your own needs, here are a few examples. Check those that interest you.)*

- | | |
|--|---|
| <input type="checkbox"/> Assist on projects or help in classroom | <input type="checkbox"/> Drive for special events |
| <input type="checkbox"/> Be a mentor to a student (other than your child) | <input type="checkbox"/> Play piano or guitar |
| <input type="checkbox"/> Create costumes/stage development for Christmas or Youth Sunday | <input type="checkbox"/> Lead music |
| <input type="checkbox"/> Assist with the Resource Library of books and tapes | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Pray weekly that those volunteers giving faithfully to the Sunday School experience the gift of patience, promote safety, and experience the touch of the Holy Spirit in their leadership | <input type="checkbox"/> Shop/gather supplies |
| | <input type="checkbox"/> Other |

Parent or Guardian Signature

Date