



Immanuel Lutheran Church
Sunday School Registration Form

Child's full name _____

Parents' names _____

Street Address _____

City, State, Zip _____

Home phone _____ Cell phone _____

Birthday _____ Last grade of school completed _____

Email Address _____

Brothers/Sisters (names and ages) _____

Emergency telephone numbers:

Allergies or medical problems:

If someone other than the parents are to pick child up from Sunday School:

Name _____

Relationship _____

How I can help:

- _____ Teach/Co-teach
- _____ Prepare craft materials
- _____ Provide cookies and/or juice
- _____ Pray for the teachers, helpers and students

Please return this completed form to:
Immanuel Lutheran Church 647 North Main Street Attleboro MA 02703

Questions: 508-222-2898 or office@immanuelc.org