

2009 - 2010 Sunday School Registration

3-y.o.* to 7th Grade

Faith Evangelical Lutheran Church • 800 Waconia Parkway N. • Waconia, MN 55387 • 952-442-2101

<http://www.waconiafaithlutheran.com>

Family Information

Parent or Guardian's Name(s) _____

Address _____ ZIP _____

Home Phone _____ Cell Phone _____

Work/Other Phone _____ Family E-mail Address: _____

Child(ren's) Primary Address _____
(if different from above)

Member of Faith

Not a member

Interested in membership

Indicate Sunday School Hour Preference

Note: Registration is tight on many 9:30 classes. You may consider an 8:00 or 11:00 time for smaller classes. Class assignments are partially made on volunteer availability—you can ensure a better experience for your child by making a time commitment. For questions about programming contact the church office and speak to Justin (3 y.o.-5th Grade) or Kallie Stroh (6th-12th Grade).

8:00

9:30

11:00

Child's First and Last Name	Birth date	Age*	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*3-year-olds must have turned three by September 1, 2009

Suggested Donation: \$20/child with a \$50 maximum per family

Helpful Information (Allergies, special needs, etc.): _____

Please complete other side.

Family Commitment

The strength of our programming rests in the hands of our volunteers. This year we need twice as many volunteers than we have in previous years. Partner with us to do Christ's work with Faith's children.

I am willing to help in the following ways:

_____ Teach or Team-Teach Preschool Sunday School (Preferred age/service: _____ / _____)

_____ Shepherd or Team-Shepherd for a 1st-5th Grade Sunday School class (*Group guides who take children to classes. This position requires NO weekly preparation.*) Preferred grade/service: _____ / _____

_____ Teach a 1st-5th Grade Workshop (*Teachers teach one lesson for four to five weeks. See separate schedule for subjects and dates.*) Preferred service: _____

_____ Volunteer Assistant (*Help with occasional phone calls to other volunteers.*)

_____ Substitute for Sunday School

_____ Assist with the Christmas Program

_____ Assist with Vacation Bible School in the summer

_____ 8th-12th Grade Assistant Shepherd/Teacher (Preferred service: _____)

Signature _____ Date: _____

Photo and Video Release

Faith Lutheran Church has my permission to use pictures or video of my child(ren) for educational/marketing purposes. No names of children will be used.

Release of Liability

I agree that Faith Lutheran Church and Sunday School teachers are not responsible for accidental injuries that occur during my child(ren)'s time in class. I authorize such medical treatment as is necessary and such additional procedures as are considered necessary on the basis of finding during the course of medical examination. I, the undersigned, have read and fully understand the above statements.

Signature _____

Date: _____

You may wish to provide the information of your family doctor in case of emergency.

Family Physician: _____ Phone: _____