✞ Advent Lutheran Church ✞
Sunday School Registration
2026-2027

Welcome! Complete one form per family and list children separately below.
Please return completed form in time for your students' first day of Sunday School.
Thank you!

Who usually brings child(ren) to Sunday School? (Please indicate)

- ☐ Parent(s)
- ☐ Relative or friend: _____
  Name(s) and relationship
- ☐ Look for me in worship service

Emergency Contact during Sunday School:

Cell phone #1 _____ Whose phone _____
First name

Cell phone #2 _____ Whose phone _____
First name

Parent Name(s): _____

Address: _____

_____

Phone: _____ **E-mail address:** _____
(please print)

Student Names*: [Please note any health info we should know about.]

#1 **Student Name:** _____

Birthdate: _____ **Grade:** _____
(include birth year)

#2 **Student Name:** _____

Birthdate: _____ **Grade:** _____
(include birth year)

#3 **Student Name:** _____

Birthdate: _____ **Grade:** _____
(include birth year)

* Please list additional students on back of form.