Holy Cross Lutheran Church
Sunday School
Registration Form
2026-2027

Student
Name:_____

Grade:_____ Birthdate: _____ Current Age: _____

Allergies/Medical conditions or other concerns:_____

_____

Student

Name:_____

Grade:_____ Birthdate: _____ Current Age: _____

Allergies/Medical conditions or other concerns: _____

_____

Student
Name:_____

Grade:_____ Birthdate: _____ Current Age: _____

Allergies/Medical conditions or other concerns: _____

_____

Please add any additional children on the back.

Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

2nd Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (other than Parents/Guardians)

Name of person(s) who may pick up this child from church events.

Name: _____Phone: _____

Relationship: _____

Photo Release: I grant permission for you to photograph my child/children and to use any or all such photographs as a part of any published products, related advertising, or displays in any and all media.

Yes No (Please circle)

Signature: _____