

English Lutheran Church Sunday School Registration

School Year 2011/12

Student's Name: _____

Student's Grade: _____

Student's Date of Birth: ____ / ____ / ____

Parent(s) Names (s): _____

Address: _____

City/State: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Authorization for Using Likeness:

I hereby give permission for photographs/ video including my child and/or myself to be used in the promotion of English Lutheran Church Sunday School and/or ELCA.

Signature of Child's Parent/Guardian

Date

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