

**Registration & Parent Covenant for Sunday School 2018-2019**  
Covenant for Continuing Partnership in the Christian Education of My (Our) Child  
**PreK-1st Grade: Classroom Instruction**

Child's name: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Baptismal date: \_\_\_\_\_

Special needs (allergies, ADHD, LD etc.) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

*\* Please note: If a parent cannot be reached first we will call your emergency contact.*

*I will co-teach a Sunday school classroom on a rotating basis (mark one): **Pre-K K 1***

*I will be a SS room helper and be in a classroom with a teacher on a rotating basis.*

*(mark one): **Pre-K K 1***

I (we) acknowledge that regular attendance in Christian Education is important and makes our faith stronger.

I (we) would like to fulfill the promise we made at my (our) child's baptism to have my (our) child continue their faith journey at Calvary Lutheran Church.

***Please sign if in agreement with this covenant for Christian Education.***

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

*Suggested donation of \$15 per child or \$30 per family  
to help cover costs of curriculum and supplies.*

To pay online, [click here](#) and designate your fund to EDUCATION (Not Preschool.)

Optional donation: We could use some more markers and glue sticks in our Sunday school classrooms.

**Sunday School Medical Release**

Physician: \_\_\_\_\_ Physician #: \_\_\_\_\_

Medical Information or Comments: \_\_\_\_\_

In the event of an emergency where medical treatment is required, I give permission to the church staff or designee to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_