

**Bethel Lutheran Church**  
**Sunday School Registration Form**  
*Please complete both sides of registration form. Thank you!!*

Family Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Name of Parents or Adult Contact: \_\_\_\_\_

**Thank you for bringing your child(ren) to Bethel for Christian Education. We hope this year is a faith-growing experience for your child and your whole family.**

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Learning Concerns: \_\_\_\_\_ Learning Concerns: \_\_\_\_\_

Other (allergies, special accommodations/concerns): \_\_\_\_\_ Other (allergies, special accommodations/concerns): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Learning Concerns: \_\_\_\_\_ Learning Concerns: \_\_\_\_\_

Other (allergies, special accommodations/concerns): \_\_\_\_\_ Other (allergies, special accommodations/concerns): \_\_\_\_\_

**Please Turn Over!!!!**

## YOUR HELP IS NEEDED!

Please complete this form so we know what areas you would like to help with. All parents who are not teaching may be called upon to help in their child's classroom. Thank you in advance for your willingness to serve.

<input type="checkbox"/> Co-teach Sunday School (Grade: _____)	<input type="checkbox"/> Confirmation Guide Leader
<input type="checkbox"/> Teach Sunday School (Grade: _____)	<input type="checkbox"/> Sunday School Music Leader
<input type="checkbox"/> Substitute Teacher (Grade: _____)	<input type="checkbox"/> Provide Transportation
<input type="checkbox"/> Chaperone	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Christmas Program/Youth Worship	<input type="checkbox"/> Provide snacks for Sunday School or for an event
<input type="checkbox"/> Extra Pair of Hands	<input type="checkbox"/> Telephoning

**Special Information:** To ensure a safe and meaningful experience at Sunday School, please feel free to contact one of us about any special needs or concerns you may have. We are looking forward to working with you and your youth. Also, we ask that you sign below allowing us to take pictures of the youth during church events. Some of the pictures may be posted on our website ([www.bethelwahpeton.com](http://www.bethelwahpeton.com)).

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information:      Laura Stone  
[lstone@bethelwahpeton.com](mailto:lstone@bethelwahpeton.com)

   Julie Caranicas  
[jcaranicas@bethelwahpeton.com](mailto:jcaranicas@bethelwahpeton.com)

   Pastor Julé Ballinger  
[jballinger@bethelwahpeton.com](mailto:jballinger@bethelwahpeton.com)