

**Christ Lutheran Church**  
**460 Chief Justice Cushing Highway, Rt 3A**  
**Scituate, MA 02066**  
**(781) 545- 5271**  
**Sunday School Enrollment Form**  
**2017 - 2018**

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

Child's Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Baptism Date (month and year): \_\_\_\_\_

Parents' or Guardians' Names: \_\_\_\_\_

Parents' or Guardians' Address (If different than child): \_\_\_\_\_

\_\_\_\_\_

Parents' of Guardians' Phone Number: Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Emails: \_\_\_\_\_

\_\_\_\_\_

In the case of a medical emergency, I understand every effort will be made to contact a parent/guardian or the above named authorized person. In the event we cannot be reached, permission is given for emergency treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_

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

I give Christ Lutheran Church permission to use pictures or video of my child for use in various media presentations, such as their church website, Facebook page and paper publications.

Parent/Guardian Signature: \_\_\_\_\_

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