

TREE OF LIFE LUTHERAN CHURCH
2024-2025 Pre K- 5th Grade SUNDAY SCHOOL REGISTRATION FORM
(One per youth)

Youth's Name _____

Date of Birth _____ Age _____ Gender _____

Been baptized? (circle one) Yes No If yes, when/where? _____

Grade in School for 24/25 _____ School Attending _____

Had Their 1st Communion? (circle one) Yes No

PARENT/GUARDIAN INFORMATION

Mom _____ Dad _____

Phone _____ Phone _____

Email _____ Email _____

Address _____ Address _____

Family Home Church: _____

ALTERNATE EMERGENCY CONTACT

1. Name _____ Relationship _____ Phone _____

Please list any physical or special needs for youth (allergies and/or learning difficulties)

Do you give Parental/Guardian Permission to Post pictures on TOL Facebook page with your child's Image? (circle one) Yes No

Anything else we should know?