

TREE OF LIFE LUTHERAN CHURCH  
2024-2025 SENIOR HIGH (9-12) 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 \_\_\_\_\_

Been confirmed? (circle one) Yes No If confirmed, where/when? \_\_\_\_\_

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

PARENT/GUARDIAN INFORMATION

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Youth's Email (optional) \_\_\_\_\_

Youth's Cell Phone Number (optional) \_\_\_\_\_

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 youth's Image? (circle one) Yes No

Anything else we should know?