

**OUR SAVIOR LUTHERAN CHURCH**  
**SUNDAY SCHOOL FAMILY FORM      2022-2023**

**Parents/Guardians:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

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

Prefer \_\_\_\_\_ email    \_\_\_\_\_ text

**Child 1:** \_\_\_\_\_ Grade 2022-23: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptism Date (if known): \_\_\_\_\_

**Child 2:** \_\_\_\_\_ Grade 2022-23: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptism Date (if known): \_\_\_\_\_

**Child 3:** \_\_\_\_\_ Grade 2022-23: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Baptism Date (if known): \_\_\_\_\_

*Please use the back for additional children*

**Name of Person(s) who may be picking up your child(ren) from class:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

**In Case of Emergency:**

Primary Contact Person: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Text OK? \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Text OK? \_\_\_\_\_

**Health Information (i.e. Food Allergies, other concerns we should know about – indicate which child):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I give permission for photos/videos of my child(ren) to appear on the church website and/or Facebook page.**

**YES                      NO                      Circle one**

The information about my child(ren) is accurate. I will notify the church office or my child's Sunday School teacher if there are any changes.

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