

ZION Lutheran Church
Sunday School Family Information Form
2023-2024

Student(s)

1. _____
Name _____ Date of Birth _____ Grade _____

Medical concerns, allergies, etc: _____

2. _____
Name _____ Date of Birth _____ Grade _____

Medical concerns, allergies, etc: _____

3. _____
Name _____ Date of Birth _____ Grade _____

Medical concerns, allergies, etc: _____

Mother/Guardian:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Father/Guardian

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

General Information:

People (other than parents/guardians) authorized to pick child up from Sunday School:

1. _____ Relationship to student _____

2. _____ Relationship to student _____

Special instructions regarding pick up of student(s): _____

Sign if you DO NOT give permission for pictures of your student(s) to be published. _____

Any other important information about your students(s) _____

Signature: _____ **Date** _____