



Servant of Christ Lutheran Church

# 2024-2025 Sunday School Programming Sunday School Registration

Begins Sunday, September 15 | Age Group: 3 years (by June 1) - 5th grade

Children worship with their families until the children's sermon, then join their Faith Guides, for small group learning & activities, in Sunday School classrooms.

This is my first time registering for programming at Servant of Christ.  Yes  No

### Parent / Guardian

\_\_\_\_\_

First Name

Last Name

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact (List an additional contact in the event of an emergency)

\_\_\_\_\_

First Name

Last Name

Emergency Contact Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Registration Fee

Sunday School Registration Fee (\$30 per child, \$50 for 2 children, \$60 for 3 or more children)  
# of Registrants \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

I would like to request a Needs Based Scholarship. *For scholarship requests, someone from the church will reach out to you.*

I would like to donate to the Faith Formation Scholarship Fund (\$10) Donation Amount: \$ \_\_\_\_\_

We plan to attend Sunday School at:  9:00 a.m.  10:30 a.m.

### Registration Information:

#### Registrant #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) Age/Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

Allergies / Health Concerns / Special Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Registrant #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) Age/Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

Allergies / Health Concerns / Special Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Registrant #3:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) Age/Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

Allergies / Health Concerns / Special Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Registrant #4:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) Age/Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

Allergies / Health Concerns / Special Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Registrant #5:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) Age/Grade Entering: \_\_\_\_\_

School Attending: \_\_\_\_\_

Allergies / Health Concerns / Special Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Photography and Video**

*Photography and/or video may be taken of your child during the year for promotional, or story sharing purposes. Your child's name or information will never be shared online without additional parent consent. If you would prefer your child's image not be a part of online, social media or print materials please email Melissa Maltman at melissam@servantofchrist.com.*

**Release of Liability** (You must agree to the liability release in order to complete registration.)

I agree that Servant of Christ Lutheran Church, staff and volunteers are not responsible for accidental injuries that occur during my child(ren)'s time in class and at other Servant of Christ activities. I authorize such medical treatment as is necessary and such additional procedures as are considered necessary during the course of a medical examination.

Payment can be made online or by check (payable to Servant of Christ Lutheran Church)  
Drop off or mail to Servant of Christ Lutheran Church, 740 Hayden Lake Rd, Champlin, MN 55316  
763-427-5070 | melissam@servantofchrist.com | servantofchrist.com