



Servant of Christ Lutheran Church

2025-2026 Sunday School Programming Sunday School Registration

Begins Sunday, September 21 | 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 Morgan at morgans@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