## 2018-19 SUNPAY SCHOOL REGISTRATION



## **Student Information**

Youth Name:		
	2018-19 Grade:	
Youth Name:		
	2018-19 Grade:	
Youth Name:		
	2018-19 Grade:	
Youth Name:		
	2018-19 Grade:	
<u>Par</u>	ent/Guardian Information	
Mother/Father/Guardian:		
Address:		
Phone:	_ E-Mail:	
Child's/Children's Allergies:		

Rally Sunday is September 9, 2018.

In lieu of a registration fee, this year we are asking for supply donations. Please bring any one of the following when registering: bleach wipes; boxes of tissues; plastic ziploc-type bags, juice boxes or any non-perishable snack.

You may bring the registration and item(s) with you on Rally Sunday, September 9th or scan and e-mail the completed form to secretary@hope-in-action.org or send the form in the U.S. mail to:

Hope Lutheran Church 3702 County Road AB McFarland, WI 53558

## **Photo Disclosure**

displayed on our website or in the	Hope's Sunday School students may be taken and charch. We understand that some families pre- ot be used. Please indicate your choice below:
I give permission for my ch	nild/children's photos to be displayed.
I DO NOT wish for Hope to	use photos of my child in any display.
Parent Signature:	ed about volunteering to help with Sunday
Name:	Phone No.:
FOR OFFICE USE:	
Amount Received	Date Received
Check #	Received by