

South Santiago Lutheran Church 2015-16 Fall Youth Registration Form

#1 Youth's Name _____ Date of Birth _____

Grade in Sept. _____ Age _____ School Attending _____

Sunday School (3 years – 4th grade) 5th & 6th Grade Prog. Confirmation Prog. (7th – 9th Grade) Senior High (10th – 12th Grade)

#2 Youth's Name _____ Date of Birth _____

Grade in Sept. _____ Age _____ School Attending _____

Sunday School (3 years – 4th grade) 5th & 6th Grade Prog. Confirmation Prog. (7th – 9th Grade) Senior High (10th – 12th Grade)

#3 Youth's Name _____ Date of Birth _____

Grade in Sept. _____ Age _____ School Attending _____

Sunday School (3 years – 4th grade) 5th & 6th Grade Prog. Confirmation Prog. (7th – 9th Grade) Senior High (10th – 12th Grade)

Primary Home Address _____

City _____ State _____ Zip Code _____

Family Email Address (Primary source of contact) _____

Mother's Name _____

Mother's Address (check if same) _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Father's Name _____

Father's Address (check if same) _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Medical Information or Allergies we should be aware of? ____ Yes ____ No

If yes, please explain: _____

Comments or concerns we should be aware of: _____

I give my permission for photos of my family to be used in literature and/or presentations of SSLC.

____ Yes ____ No

Signature of Parent _____ Date _____