Our Saviour's Evangelical Lutheran Church
2009 - 2010 Christian Education Registration

Please mark your 1st & 2nd choice:

____ 9:15 a.m. Sunday School
____ 10:35 a.m. Sunday School
____ Wednesday School *(4:45-5:30 PM)*
Class: _____ **(OSEL use only)**

Participant's Name:

Last Name: _____ First: _____ ( ) Female
Middle Name: _____ ( ) Male

Birthdate: _____ Baptized: ( ) No ( ) Yes Date: _____

Circle: **Age:** 3 Yr. 4 Yr. **(Age by 9/1/09)**

Grade: K 1st 2nd 3rd 4th 5th 6th
(for the 2009-2010 school year)

School: Kennedy McAuliffe Pinecrest Tilden
Middle School Other: _____

Do you give permission to use photos of your child in OSEL publications, including newsletters, church website, brochures, & official publications: ❑ Yes ❑ No

_____ _____
Signature of Parent ***Date***

Parent /Guardian Name:

Mother's Name: _____ **Father's Name:** _____
(or Guardian's) *(or Guardian's)*

Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Address: _____ **Address:** _____
(if different)

_____ _____
Zip Code *Zip Code*

Who is the primary contact? ❑ *Mom* ❑ *Dad* ❑ *Both* ❑ *Guardian*
E-mail address used by primary contact: _____
Church Membership: ❑ OSEL ❑ Other: _____
Interested in Membership? ❑ Yes ❑ No

❑ Volunteer Form Turned In

Complete both sides of form.