Our Savior's Lutheran Church

5560 South 2300 West, Roy, Utah 84067 Phone: (801) 825-6552 Email: oslcroyutah@qwestoffice.net

2017-2018 Children's Sunday School Registration

			Ι	Date:				
Name:(First	Middle	Last)	Age:	G	rade:		2017-18 school	
\	Day/Year):	•		Sex:	Male		Female	year
Baptism Date:		Member of OSLC Interes			tereste	sted in Membership		
Child lives with:	Both Parents	One Paren	t J	oint C	ustody		Guardian(s)	
Parent/Guardian:				Relat	ionship to	child: _		
Mailing address								
Home Phone: Okay to receive text n	Work nessages: Yes No C	Phone ell Phone Provider:_	Ce	ll phone			(Required to re	ceive texts)
Email:			Okay to receive	e email	s: Yes	No		
Parent/Guardian:		Relat	tionship to chil	d:				
Address:		***********	o					
Phone:	Cell:	C	kay to receive	e text m	essages:	Yes	No	
Email:	0.0000000000000000000000000000000000000		Okay to receive	e email	s: Yes	No		
Please check o	any of the follo	wing items y	<u>ou are in</u>	teres	ted in	or a	ble to assi	st with:
Member of Edu	cation Team _	_Teach/Co-Teac	h Sunday So	chool	VBS			
Snack Donation	ns/Serve _	Substitute Tead	ch Sunday S	chool	Clas	sroom	Helper	
Music Teacher/Helper		Piano Accomp	anist		Go	od Frid	lay Event	

Please also submit a competed Medical Release form (see reverse)

Thank you for leading your kids into a life with Jesus!