



ST. LUKE PARISH
Sunday School for ages 3-6
2009-2010
October 4th – May 16th

One Form per child. Please print Clearly and provide all information requested.

Name:	Date of Birth:	Age:
Street Address:	Parish:	
City:	State:	Zip:
Home Phone: ()	Cell: ()	
E-Mail:		
Parent(s) Name:		
Emergency Contact:	Phone:	
Allergies:		
Special Needs or other medical conditions:		

Please complete either Part 1 or Part 2

Part 1: I give consent for my child's unidentified photograph to be used for internal publication purposes.

Signature: _____ Date: _____

Part 2: I DO NOT give consent for my child's unidentified photograph to be used for internal publication purpose.

Signature: _____ Date: _____

Sunday School Fee	\$15.00
-------------------	---------

Payment Information: Please make all check payable to St. Luke Church.

Registration is complete when payment is received.

Return this form and payment to the St. Luke Rectory by Wednesday, September 30, 2009

If you are interested in being a volunteer please contact Laura Hudak at 226-1281 or Karen Beegan at 226-0534.

Additional forms are available at stlukelakewood.org or contact the rectory at 216-521-0184.

For office use only:

Date Received:	Cash _____	Check _____
----------------	------------	-------------