Anacortes Lutheran Church
SUNDAY SCHOOL REGISTRATION
2026-2027

Child's Name_____Birth Date _____ Age_____Grade _____

Child's Name_____Birth Date _____ Age_____Grade _____

Child's Name_____Birth Date _____ Age_____Grade _____

Child's Name_____Birth Date _____ Age_____Grade _____

Parent or Legal Guardian's Name _____

Email Address _____

Home Phone _____ Cell Phone_____

Address_____

Parent or Legal Guardian's Name _____

Email Address_____

Home Phone _____Cell Phone_____

Address _____

Emergency Contact _____

Home Phone _____Cell Phone _____

SUNDAY SCHOOL REGISTRATION QUESTIONARIE

- Allergies and/or Special Needs: _____

  _____

- I prefer to receive communication by (circle one) e-mail text telephone

☐ I do not wish to have photos/videos of my child shared in Church publications, on the church website or social media accounts.

_____

Parent(s) / Guardian(s) Signature **Date**

2100 O Avenue / 360-293-9586 / info@anacorteslutheran.org / www.anacorteslutheran.org