

REJOICE LUTHERAN CHURCH
1155 Co. Rd. 75 / P.O. Box 307
Clearwater, MN 55320
(320)558-6851

SUNDAY SCHOOL
Registration 3 yrs - 5th grade

Student's Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Student's Birthdate: _____ Grade in School: _____ Student's Age: _____

Has your student received First Communion Instruction? YES _____ NO _____

If so, when? _____ Where? _____

Does your student own a Bible? YES _____ NO _____

Please list any health issues that may prevent your child from participating in the Sunday School classroom— hearing, speech, mobility, allergies, etc.

_____ **I give Rejoice Lutheran Church Permission to photograph my child(ren) for use on the Rejoice website and Rejoice Facebook pages (please initial in space provided).**

Parent involvement is strongly encouraged. Please choose from the following areas where you would like to help. Your help is very much appreciated:

_____ 1st - 5th grade teacher

_____ Song/Opening Leader

_____ Snack Helper

_____ Substitute Teacher

_____ Christmas Program

_____ European Christmas Coffee

A \$10 DONATION PER CHILD, NOT TO EXCEED \$30 PER FAMILY IS REQUESTED TO HELP COVER THE COST OF MATERIALS. Please submit this with your application. This is only meant to be a donation; no child will be turned away due to the inability to pay.

Please add additional children in your family on the other side of this form. Thank you!!!

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