St. Matthew Lutheran Church 2025-2026 Sunday School Registration Form September 21, 2025 to May 17, 2026

Student's Full Name		
Student's Grade in School	Student's Birth Date	
Parent/Guardian Name(s)		
Family Address		
City	State	Zip Code
Home Phone	Parent's Cell Phone(s)	
Parent's Email address		
List any medical conditions/concerns	s or allergies of the student	
Where can parents be reached durin	ng the Sunday School Hour?	
	Phone	
(Parent/Guardian Signature)		(Date)
electronic images in any and all of its purconsideration. I understand and agree that not be returned. I hereby irrevocably aut these images for purposes of publicizing addition, I waive the right to inspect or a wherein my likeness appears. Additional related to the use of my image. I hereby all claims, demands, and causes of action other persons acting on my behalf or on I am 18 years of age and am competent to guardian has signed below. I have read to meaning and impact of this release.	at these materials will become the pro- horize the organization to edit, alter, the organization's programs or for a approve the finished product, includin lly, I waive any right to royalties or o hold harmless and release and foreve in which I, my heirs, representatives, of behalf of my estate have or may have to contract in my own name, or if I ar	operty of the organization and will copy, exhibit, publish or distribute my other lawful purpose. In ag written or electronic copy, ther compensation arising or r discharge the organization from executors, administrators, or any e by reason of this authorization. In under age 18, a parent or
(Student Signature)		(Date)
Student Printed Name		
If the person signing is under age 18 we consent by a parent or guardian, below: I hereby certify that I am the parent or guardian do hereby give my consent without reservable.	•	_
(Parent/Guardian Signature)		(Date)
Parent/Guardian's Printed Name		(Rev. 8/2023)