**GRACE LUTHERAN CHURCH**
**6000 BROADWAY**
**RICHMOND, IL 60071**
**(815) 678-3082**
**childministry@gracelutheran1.org**

# SUNDAY SCHOOL 2026 - 2027

**Children age 4 through 5th Grade**

CHILD'S NAME: _____

BIRTH DATE: _____ GRADE IN FALL OF 2026: _____

KNOWN ALLERGIES, MEDICAL CONCERNS, OR SPECIAL NEEDS:

_____

PARENT/GUARDIAN NAME: _____

STREET ADDRESS: _____

CITY & STATE: _____ ZIP CODE: _____

PHONE #: _____

E-MAIL ADDRESS: _____

PHONE # YOU CAN BE REACHED AT DURING CLASS: _____

EMERGENCY CONTACT: _____ PHONE #: _____

PERSONS AUTHORIZED TO PICK UP CHILD: _____

_____

☐ I give my permission for photos of my child to be shown on the church's website, social media, newsletters, or any other publication.

☐ I ***do not*** give my permission for photos of my child to be shown on the church's website, social media, newsletters, or any other publication.

In the event of an emergency where medical treatment is necessary, I give my permission to the church sponsors to seek appropriate medical treatment after every reasonable effort has been made to contact the person identified above.

SIGNATURE: _____ DATE: _____