

# Registration Form

**Sunday School 2022-2023**

# King of Glory Lutheran Church

Child’s Name

Date of Birth  Grade

Allergies/Special Needs

Parent/Guardian’s Name

Address

Phone Number **(cell) (home)**

Email Address

**Parent/Guardian -** You or someone you designate must sign your child in and out of the classroom each week.

# Parents/Guardian please check any of the following:

I would be interested in:

being a classroom teacher

being a classroom helper

helping with the Christmas program

helping with Sky Ranch Day Camp/Vacation Bible School this summer

**Parent/Guardian Signature**

# 

# *(Please use one form per child, thank you!)*

**Photo/Video Release Form**

I hereby give permission for images of my child, captured at King of Glory Lutheran Church through video, photo and digital camera, to be used solely for the purposes of outreach and evangelism at King of Glory Lutheran Church, and waive any rights of compensation or ownership thereto. These images may be displayed online (King of Glory website, Facebook, etc.) or in print publications.

**Name of Child (please print):**

**Name of Parent or Guardian (please print):**

**Parent/Guardian’s Signature:**

**Date:**

# King of Glory Lutheran Church

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# (970) 669-5983 [www.kingofgloryloveland.com](http://www.kingofgloryloveland.com)