

Lutheran Church of the Resurrection
SUNDAY SCHOOL REGISTRATION
2010-11

Student's Name: _____

Date of Birth: _____ Grade: _____ Gender: M F

Parent's Name(s): _____

Address (if different from Church Directory): _____

email: _____

Phone: home: _____ cell: _____

SPECIAL INTEREST(S)/HOBBIES: _____

NOTES FOR THE TEACHER: _____

YOUTH WORSHIP ASSISTANTS. We highly encourage each student to choose at least one area in which to serve. (Usually youth worship assistants have completed third grade.)

Communion tray holder Acolyte Crucifier Usher Reader

CHURCH SERVICE Sat. evening Sun. 8:00 a.m. Sun. 9:15 a.m. Sun. 10:45 a.m.

PARENT PARTICIPATION: I would be willing to help with . . .

Teaching Assisting Teacher Art Music

Drama Games Snacks Fundraiser(s)

SPECIAL ACTIVITIES (Christmas program, youth groups, special activities), *(please specify)*: _____

OTHER TALENTS, TRAITS, OR HOBBIES *(please specify)*: _____

Volunteering is how we will continue this ministry in growing and leading our youth to Jesus.