

**Hosanna! Lutheran Church**  
**2016/17 Insight Sunday School Registration**  
*Jesus said, "Let the children come unto me"*

**Sunday School resumes September 11, 2016**

**To participate, children must have turned 1 year of age by September 1, 2016**

**Parent / Guardian Name(s)** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Preferred Phone Number** \_\_\_\_\_

**Preferred Email Address** \_\_\_\_\_

**Please list the names of all children who will be participating in INSIGHT:**

<u>First &amp; Last Name</u>	<u>Grade 2016/17</u>	<u>Birth Date</u>	<u>Baptismal Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Check the INSIGHT Sunday School hour you prefer: 9:30** \_\_\_\_ **11:00** \_\_\_\_

**Many hands and hearts are needed in order to insure a quality learning environment. Please check any ways you can serve in the INSIGHT Ministry.**

**9:30** \_\_\_\_ **11:00** \_\_\_\_

**Toddlers, Preschool, or PreK:** Teacher \_\_\_\_\_ Assistant \_\_\_\_\_

**Kindergarten - 5<sup>th</sup> Grade:**

Shepherd (indicate grade) \_\_\_\_\_

Center Leader: Art \_\_\_\_ Technology/Computer \_\_\_\_ Drama \_\_\_\_

Games \_\_\_\_ Cooking \_\_\_\_ Video \_\_\_\_ Science & Nature \_\_\_\_

Substitute 9:30 \_\_\_\_ 11:00 \_\_\_\_

*\*Please also fill out 2<sup>nd</sup> page\**

**Should Hosanna! be aware of any special concerns (such as recent death or illness in the family, recent move, etc.) medical problems, medications needed, learning difficulties or food allergies?**

Yes \_\_\_\_ No \_\_\_\_ *If "Yes" please indicate specifics in area below.*

Please be aware of the following special circumstances for this child:

Child's Name \_\_\_\_\_

Circumstances \_\_\_\_\_

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Child's Name \_\_\_\_\_

Circumstances \_\_\_\_\_

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Child's Name \_\_\_\_\_

Circumstances \_\_\_\_\_

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**Hosanna! has my permission to use my child's picture for publications which may include multi-media productions, and /or displays at church:** Yes \_\_\_\_ No \_\_\_\_

**Hosanna! has my permission to use my child's picture on our website and/or Facebook :**

Yes \_\_\_\_ No \_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Are you members of Hosanna!:** Yes \_\_\_\_ No \_\_\_\_

**Questions? Call Hosanna! at 630-584-6434 or email [Welcome@HosannaChurch.com](mailto:Welcome@HosannaChurch.com)**

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*Official use only:* Date registration received at Hosanna! \_\_\_\_\_