

**Hosanna! Lutheran Church**  
**2019/20 Insight Sunday School Registration**  
*Jesus said, "Let the children come unto me"*

**Sunday School resumes September 8, 2019**

**To participate, children must have turned 1 year of age by September 1, 2019**

**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 2019/20</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 \_\_\_\_\_ Prayer \_\_\_\_\_ 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 \_\_\_\_\_

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**Hosanna! has my permission to use my child's picture for publications which may include multi-media productions, displays at church, 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 [lynettea@hosannachurch.com](mailto:lynettea@hosannachurch.com)**

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