Halfway Creek Lutheran Church — Sunday School Registration 2026–2027

Child Information

- **Child's Full Name:** _____
- **Grade:** _____ **Date of Birth:** _____
- **Does your child have a hardcover Spark Story Bible?** [ ] Yes [ ] No

Parent / Guardian Information

- **Parent(s)/Guardian Name:** _____
- **Primary Address:** _____
- **Secondary Address:** _____
- **Primary Cell Phone:** _____ **Secondary Cell:** _____
- **Home Phone:** _____ **Email:** _____
- **Can we notify you by text?** [ ] Yes [ ] No *If yes, Cell Carrier:* _____

Medical & Learning Support

- **Allergies / Special Medical Needs:**
- **Does your child have an IEP at school?** [ ] Yes [ ] No
- **Anything else that would be helpful for your child's teacher to know?**

Volunteer Opportunities & Stay Connected

Volunteer Support: Are you available to help? [ ] Teacher [ ] Substitute
[ ] Special Events [ ] Not at this time

Facebook Group: Join *HCLC Sunday School Families* for updates and announcements!