



New Life Lutheran Church

4380 Wakonda Dr
Norwalk, IA

JOURNEY Sunday School Registration Form

Participant: First Name _____ Last Name _____

Gender: (Circle One) M F Birthdate ___/___/___ Current Grade _____

Parent(s) or Guardian(s): First Name _____ Last Name _____

First Name _____ Last Name _____

Address _____

Home Phone: _____ Cell Phone: _____

Best Number to contact during Sunday School Session: (Circle One) Home Cell

Family Email: _____

Allergies we should be aware of: _____

Medical information we should be aware of: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Emergency Contact Relationship: _____

All participants must also complete the **NLLC YOUTH MEDICAL RELEASE AND CONSENT FORM** which is available at www.newlifenorwalk.org. If you have previously submitted a medical form for VBS this year, please initial below to indicate that the information is still current.

Parent Initial: _____