

2017-18 Mount Olive Sunday School Parent Covenant

I would like to have my child continue their faith growth at Mount Olive Lutheran Church during this school year.

Child's full name _____ Date _____
(including middle name)

Parent's name _____

Grade _____ Age _____ Birthday _____

Address _____

Phone No. _____ Cell No. _____ E-mail _____

Emergency Contact & Phone No. _____

Allergies or other special needs _____

And...understanding that the more involved I am in my child's faith growth, the greater their interest and participation, I/we would like to commit to:

- ___ Participate in daily prayer/devotions with our family
- ___ Teach (flexible scheduling!)
- ___ Assist in classrooms (flexible scheduling!)
- ___ Help with Christmas Practices and Program (December 17, 2017)
- ___ Help with Fat Sunday Breakfast (February 11, 2018)
- ___ Other talents to contribute, i.e., _____

Photo Release Information

I hereby give Mount Olive Ev. Lutheran Church and its agents the unqualified right to take pictures of my above-referenced child, _____ (subject's name or name of minor child), and put the finished pictures on the Mount Olive website, social media pages, or printed materials. I understand that these pictures will be accessible to anyone with Internet access and may be used in promotional settings; however, no names of subjects will be published.

Name Printed: _____

Subject Signature: _____

Parent's signature if minor child: _____