



Saint Matthew Lutheran Church
318 Chester Avenue ~ Moorestown ~ NJ 08057 ~ 856-235-2055

Sunday Church School / Youth & Family Ministry Partnership Agreement

Parent Information

Mother's Name		Member of Saint Matthew's?	yes / no
Father's Name		Member of Saint Matthew's?	yes / no
Student Address – Street			
City			
ZIP Code			
Telephone (home)		Cell Phone:	
Emergency Contact	Name:	Phone Number:	
Parent's E-Mail Address			

Custody Issues? *Please describe* _____

	Name	Grade this September	Baptismal Date	Birth Date	Medical Conditions or other Concerns
Student 1					
Student 2					
Student 3					
Student 4					
Student 5					

Please describe any other information that you would like the SCS Program Directors and Teachers to know about your child(ren):

I / We hereby give permission for my child(ren) to participate in the Sunday Church School and Youth & Family Ministry Programs of the Saint Matthew Lutheran Church. I / We also understand that this is a partnership agreement, and that I/We are primarily responsible for the faith journey and development of my child(ren). Parental support is available through the Pastor, Parish Coordinator, SCS Directors and Teachers.

Signature(s)
Date

Please bring your registration to the church office, or mail it to the church before September 2nd at the above address.