The Father’s House

LACPC Christian Education Department

2241 N. Eastern Ave., Los Angeles, CA 90032

**Sunday School Teacher/TA Registration Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male: \_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Family Information:

Spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s names & ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your parents are members LACPC, what are their names? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a registered member of LACPC? KM: \_\_\_\_\_ EM: \_\_\_\_\_

Are you baptized/confirmed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ When and where?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write your testimony of conversion here: (Or attach a separate sheet)

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Which department are you interested in serving?

Nursery: \_\_\_\_\_ Kindergarten: \_\_\_\_\_ Elementary: \_\_\_\_\_

Junior High: \_\_\_\_\_ High School: \_\_\_\_\_ Korean School: \_\_\_\_\_

What context do you wish to serve in? Teacher: \_\_\_\_\_ TA: \_\_\_\_\_

Please describe how you made the decision to serve here: (Or attach a separate sheet)

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By signing this form, I acknowledge that all information on this application is correct to the best of my knowledge. I also acknowledge that I have received and understand the expectations and requirements of teachers and TA’s at our church and that I will adhere to the expectations to the best of my ability.

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_