

St. Paul's Lutheran Sunday School * Registration Card * 2017-18

Name _____ Birthday _____ Current Age _____

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Cell (_____) _____

Today's Date _____ Current grade in school _____

Baptism information: Is your child baptized? _____ Interested in baptism for my child _____

Parent(s) names _____ Do they attend this church? _____

Where can parents be reached during Sunday School? _____

Parent/ persons authorized to pick up child _____

Special information about your child to best help us teach them _____

Allergies? _____

Child's Name _____

I hereby give my permission for my child's picture to be used in St. Paul Lutheran publications, newsletters, newspapers or on the St. Paul Lutheran Church website.

_____ Yes _____ No

Parent Signature _____ Date _____