

ST. PAULS LUTHERAN CHURCH  
SUNDAY SCHOOL REGISTRATION

Child's Name \_\_\_\_\_

Child's Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ ( specify H, W, or Cell) E-mail \_\_\_\_\_

Grade (as of September of current year) \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ (as of September 30 of current year)

Allergies \_\_\_\_\_

Mother's Name (in full) \_\_\_\_\_

Father's Name (in full) \_\_\_\_\_

Child Lives with \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ both parents \_\_\_\_\_ Other

Would you be willing to volunteer in Sunday school? (substitute teach, provide snack or craft materials, volunteer with Christmas program, etc.)

Services Available \_\_\_\_\_

Age/Grade Preference \_\_\_\_\_

PHOTO RELEASE: St. Paul's Lutheran Church has permission to photograph my child participating in Sunday School and other children's ministry activities. Photographs will be used for church use and outreach materials only.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date

PLEASE TURN THIS FORM IN TO THE CHURCH OFFICE. TO ENROLL SIBLINGS PLEASE SEE REVERSE:

## SIBLING ENROLLMENT INFORMATION

1. Child's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Phone (if different) \_\_\_\_\_  
Child Lives with \_\_\_\_\_ mother \_\_\_\_\_ Father \_\_\_\_\_ both parents \_\_\_\_\_ Other \_\_\_\_\_  
Date of Birth (Month, Day, Year) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Grade (as of September of current year) \_\_\_\_\_  
Allergies \_\_\_\_\_

2. Child's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Phone (if different) \_\_\_\_\_  
Child Lives with \_\_\_\_\_ mother \_\_\_\_\_ Father \_\_\_\_\_ both parents \_\_\_\_\_ Other \_\_\_\_\_  
Date of Birth (Month, Day, Year) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Grade (as of September of current year) \_\_\_\_\_  
Allergies \_\_\_\_\_

3. Child's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Phone (if different) \_\_\_\_\_  
Child Lives with \_\_\_\_\_ mother \_\_\_\_\_ Father \_\_\_\_\_ both parents \_\_\_\_\_ Other \_\_\_\_\_  
Date of Birth (Month, Day, Year) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Grade (as of September of current year) \_\_\_\_\_  
Allergies \_\_\_\_\_

4. Child's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Phone (if different) \_\_\_\_\_  
Child Lives with \_\_\_\_\_ mother \_\_\_\_\_ Father \_\_\_\_\_ both parents \_\_\_\_\_ Other \_\_\_\_\_  
Date of Birth (Month, Day, Year) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Grade (as of September of current year) \_\_\_\_\_  
Allergies \_\_\_\_\_

5. Child's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Phone (if different) \_\_\_\_\_  
Child Lives with \_\_\_\_\_ mother \_\_\_\_\_ Father \_\_\_\_\_ both parents \_\_\_\_\_ Other \_\_\_\_\_  
Date of Birth (Month, Day, Year) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Grade (as of September of current year) \_\_\_\_\_  
Allergies \_\_\_\_\_

# Child Pick up Authorization

At St. Paul's, our children's ministry staff and volunteers are committed to ensuring the safety and security of the children that you entrust to our care. Our Sunday school hour is from 9:30-10:30 a.m. **We strongly encourage that a parent or older sibling meet children fourth grade and younger at the classrooms promptly at 10:30 am.**

Please complete the following information:

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

How will your child be picked up from Sunday School (check all that apply):

Picked up by parents \_\_\_\_\_  
(Parent's names)

Picked up by another adult or older sibling -list names below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e.g., I will allow my child to meet me in the undercroft, my child will meet me in the Chinese ministry office, etc.)

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

**Please inform your child's teacher of any change in this information.**