

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.