

SUNDAY SCHOOL REGISTRATION -- St. Paul's Lutheran Church; Falls Church, VA

Child's Name _____

Child's Street Address _____

City, State & Zip _____

Best Phone _____ Alternate Phone _____

E-mail _____

What is best way to reach parents with updates about Sunday School _____

Grade (as of September of current year) _____

Date of Birth (MM/DD/YYYY) _____ Sex _____ Age _____ (as of 9/30 of current year)

Allergies _____

Other Needs _____

Mother's Name (in full) _____

Father's Name (in full) _____

SIBLING ENROLLMENT INFORMATION:

1. Child's Name _____

Address (if different) _____

Phone (if different) _____

Date of Birth (Month, Day, Year) _____ Sex _____ Age as of 09/30 of current year _____

Grade (as of September of current year) _____

Allergies/Needs _____

2. Child's Name _____

Address (if different) _____

Phone (if different) _____

Date of Birth (Month, Day, Year) _____ Sex _____ Age as of 09/30 of current year _____

Grade (as of September of current year) _____

Allergies/Needs _____

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 time is from 9:15-10:15am, and we encourage that a parent or older sibling meet children fourth grade and younger at 10:15am for pick up.

Please complete the following information:

Name(s) _____

Grade(s) _____

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

+Picked up by parents _____ (Parent's names)

+Picked up by another adult or older sibling – list names below

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 inform the education ministry leaders of any change in this information

If you don't have a digital Signature:

To create a signature - click on the signature block, choose "Create a New Digital ID", then Save to file, fill in Name and Email and continue.