

St. Paul Lutheran Church  
Sunday School 2017-2018 Enrollment Form

Parents' Names: \_\_\_\_\_

Does child(ren) live with both parents? Yes \_\_\_ No \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Church: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birthdate: \_\_\_ - \_\_\_ - \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptized? \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Allergies or special concerns:  None \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birthdate: \_\_\_ - \_\_\_ - \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptized? \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Allergies or special concerns:  None \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birthdate: \_\_\_ - \_\_\_ - \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptized? \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Allergies or special concerns:  None \_\_\_\_\_

**Photo Release:**

I understand that occasionally St. Paul Sunday School functions and programs are photographed for use in publicity items, church displays and church websites. In these instances, I (\_\_\_give, \_\_\_do not give) permission for the release of photographs for the child(ren) listed above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initial Donation to help defray the cost of the program:** \_\_\_\_\_  
**Checks payable to: St. Paul Lutheran Church** **Thank you!**