

St. Paul Lutheran Church
Sunday School 2018-2019 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!**