



St. Paul's Ev. Lutheran

Church • School • Preschool

Sunday School Registration Form

Student's Name: _____

Student's Age: _____ Birthday: _____ Grade: _____

Parent's Names: _____

Address: Street: _____

City: _____ State: WI Zip: _____

Phone Number: _____

E-mail Address: _____

(This makes it easier for us to get reminders and announcements to parents.)

Where can a parent or guardian be reached during Sunday School time (9-10am)?

PHONE #: _____ I'll be in Adult Bible Class
(A great example for your child.)

If no one can be reached at either phone number listed above, who should be contacted in case of an emergency?

NAME: _____ PHONE #: _____

Does your child have any special needs that his/her Sunday School teacher should be aware of in the classroom? If so, please explain below.

I understand that my child(ren) will have weekly memory assignments to complete. I will work to ensure that my child(ren) will be ready a prepared with this work for class.

Signature of parent/guardian required

THANK YOU!

1010 Adams Ave. North Fond du Lac WI 54937

920-922-1080

School Year: 2018-2019
www.stpaulsutherannfdl.com