



St. Paul Lutheran Church



Sunday School Registration Form

Name of Parent(s) or Guardian(s):	
Address:	
Phone Number(s): (Texting Y / N)	
Email Address(es):	
Emergency Contact #1:	Phone:
Emergency Contact #2:	Phone:

Fill chart out below for all children entering grades 3K - 4th.

#	Name of Child	Date of Birth	Current Grade	Baptized Yes / No	Special Needs and/or Health Concerns
1					
2					
3					
4					
5					

By signing this form, I grant permission for my child(ren) to attend the Sunday School Program at St. Paul Lutheran Church.

Parent or Guardian Signature: _____ Date: _____

Promotional Consent:

I agree to allow my child(ren)'s image to be used by St. Paul Lutheran Church for promotional use. These may include posters used in our church and school, posters used to recruit at other locations, informational brochures, newspaper advertisements, flyers, promotional videos, or the church and school website, Facebook, Instagram. Children will not be identified by name unless a specific request is made and authorized by the parent or guardian.

Parent or Guardian Signature: _____ Date: _____