## St. Paul Lutheran Church

## **Sunday School Registration**

## 2018-2019

Student's Full Name:	Likes to be called:	
Birthdate: Baptism Birthdate:		Grade
Primarily Lives with: Both Parents	Mom	Dad
Child 2		
Student's Full Name:	Likes to b	pe called:
Birthdate: Baptism Birthdate:		Grade
Primarily Lives with: Both Parents	Mom	Dad
Child 3		
Student's Full Name:	Likes to b	e called:
Birthdate: Baptism Birthdate:		Grade
Primarily Lives with: Both Parents	Mom	_ Dad
Parent/Guardian Information		
Primary Parent/Guardian's Name:		
Address:		
City:State:Zip:		
Primary Phone: (Circle type) Home Cell Work_		
Secondary Phone: (Circle type) Home Cell Work		
Primary Email:		
Preferred Communication:		
Secondary Parent/Guardian's Name:		
Address:		
City:State:Zip:		

Primary Phone: (Circle type) Home Cell Work		
Secondary Phone: (Circle type) Home Cell Work		
Primary Email:		
Preferred Communication:		
Medical Information		
Name of Physician: Phone:		
Please inform SPLC of child(ren)'s allergies, dietary needs, medical conditions, or special needs if applicable:		
Emergency Contact		
n the event of an emergency and a parent or guardian cannot be reached:		
Emergency Contact:		
Relationship to Child:		
Phone Number:		
Photo Release		
I authorize photos of my child(ren) to be used in publications or event promotion in either printed or		
ligital form (mainly, newsletters or the SPLC Facebook Page.) I understand my child's name will never		
be used or connected to these pictures and that I may change my mind regarding this at any time.		
Signature:		