

St. Paul's Lutheran Church
2008-2009 Sunday School Registration Form

HOUSEHOLD INFORMATION

Parent (s) Name: _____

Street Address _____ City _____ Zip _____

Phone _____ E-Mail _____

If you are not a member of St. Paul's would you like to be contacted? _____

CHILD(REN) INFORMATION

*PLEASE REGISTER YOUR CHILD BASED ON THEIR 2008-2009 GRADE LEVEL

*PRESCHOOL CHILDREN MUST BE TOILET TRAINED & 3 BY SEPT. 1ST 2008

1. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____ Allergies _____

2. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____ Allergies _____

3. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____ Allergies _____

4. Child's First & Last Name _____

DOB: _____ Male or Female _____ Grade _____ Allergies _____

SESSION CHOICE

9:15

10:45

**Classes will be filled on a first come, first served basis. Priority will be given to those who teach or help with the Sunday School Program.

VOLUNTEER OPPORTUNITIES

I would be willing to help with the following:

Teach (Co Teach) _____

Sunday School Commission _____

Grade _____ Session _____

Christmas Program _____

Substitute Teacher _____

At Home Craft Prep _____