

**St. Paul's Lutheran Church**  
**2010-2011 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 2010-2011 GRADE LEVEL

\*PRESCHOOL CHILDREN MUST BE TOILET TRAINED & 4 BY SEPT. 1<sup>st</sup> 2010

1. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

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2. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

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3. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

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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 \_\_\_\_\_