ST.PAUL LUTHERAN CHURCH
We are God's love in action. Come journey with us.

SUNDAY SCHOOL APPLICATION

(PLEASE PRINT CLEARLY)

Date _____

PARENT / GUARDIAN INFORMATION

Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ Home _____ Cell ____

e-Mail Address _____

CHILD'S NAME(S)	AGE	ALLERGIES

EMERGENCY CONTACT NAME _____

PHONE _____ RELATIONSHIP _____

***** Your Emergency Contact MUST present a Picture ID before your child is released. *****

This information is for administrative purposes only and will not be shared.