

**ALL SAINTS LUTHERAN CHURCH
SUNDAY SCHOOL REGISTRATION FORM**

Age/Grade	Full Name	Birth Date	Baptismal Date	M/F
Pre-School (Ages 3-5)				
Kindergarten				
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				

Please fully complete the following Parent/Guardian information:

Parent/Guardian: _____ Relationship: _____
 Address: _____ City/Zip code: _____
 Phone: _____ Cell phone(emergencies): _____
 E-mail address _____

Parent/Guardian: _____ Relationship: _____
 Address: _____ City/Zip code: _____
 Phone: _____ Cell phone(emergencies): _____
 E-mail address _____

Please inform us of special needs or challenges (personal or medical), which will help us better serve your child(ren).

Where is your church membership? _____

Please return by mail, bring with you to worship and place in giving box or offering plate or drop off at the church office. Questions? Contact the church office, 276-7729