

**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).

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I hereby authorize All Saints Lutheran Church of Fitchburg, WI to use photographs of the above minor(s) for print or internet media. No names will ever be used in said media.

Yes                       No

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Parent/Guardian Signature

Date

**Please return by mail or to church lobby giving box. Questions? Contact Kathryn Olszewski at [katholsz@aol.com](mailto:katholsz@aol.com) or 833-8560.**