

ALL SAINTS LUTHERAN CHURCH

SUNDAY SCHOOL REGISTRATION FORM (4K-12th Grade)

Grade	Full Name	Birth Date (mm/dd/yy)	M/F
4K			
Kindergarten			
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
11 th			
12 th			

Parent/Guardian: _____ Relationship: _____

Address: _____ City/Zip: _____

Preferred phone number for contacting you: _____ Home ☐ Cell ☐

E-mail address: _____

Please list any special allergy, dietary, health, and/or emotional needs of which we should be aware:

I hereby authorize All Saints Lutheran Church of Fitchburg, WI, to use photographs of the above minor(s) for print or internet media. When applicable, only first names will be used in said media.

☐ Yes

☐ No

Parent/Guardian Signature _____

Date _____

**Please scan and return via email to office@allsaints-madison.org
or drop off in the church office.**