

Sunday School Enrollment Form



St. Paul Ev. Lutheran Church
 Wisconsin Ev. Lutheran Synod
 799 St. Paul Drive
 Slinger, WI 53086
 644-8890

Father's Name: _____ **Cell ph. #:** _____

Mother's Name: _____ **Cell ph. #:** _____

Please mark which is the primary contact # in case we need to reach you while Sunday School is in session! **Phone (Home):** _____

E-mail: _____

Home Address: _____

| Child's Name | Date of Birth | Grade | Allergies: Food/Medical | Baptism Date/Place |
|--------------|---------------|-------|-------------------------|--------------------|
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Place of Church Membership: _____

Address (if other than St. Paul): _____

Phone: _____

Pastor's Name: _____

***"Train a child in the way he should go, and when he is old he will not turn from it."
 Proverbs 22:6***

Please return this form ASAP so that we can update / verify contact information!!!