

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. #: _____
<u>Please mark which is the primary contact # in case we need to reach you while Sunday School is in session!</u>	
E-mail: _____	Phone (Home): _____
Home Address: _____	

Child's Name	Date of Birth	Grade	Allergies: Food/Medical	Baptism Date/Place

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!!!