

2024-25 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:	<input type="checkbox"/> Primary Cell ph. #:
Mother's Name:	<input type="checkbox"/> Primary Cell ph. #:
*Please mark which is the primary contact # in case we need to reach you while Sunday School is in session!	
E-mail #1:	Phone (Home): _____
E-mail #2:	
Home Address:	

PARENTS, would you be interested in helping in a class?

YES / NO / OCCASIONALLY

If YES: your name _____ Which Grade? _____

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!!!
Email completed form to : info@stpaulslinger.org or mail it to the church office