

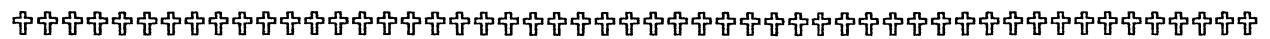
ST. PAUL SUNDAY SCHOOL REGISTRATION

Dear Parents and Friends in Christ,

We value your child as a child of God. Please help us by providing the following information for our records. Please fill it out as soon as possible.

Thank you for your assistance in this area as we serve the Lord through educating our children.

In Christ's Service,
Board of Education, Sunday School Superintendent and Teachers



PARENT(S)' NAME(S) _____

Home Phone # _____ **Church Affiliation** _____

Cell Phone #(s) _____

Email _____

Address _____ **City** _____ **Zipcode** _____

Emergency Contact & Phone _____

STUDENTS TO BE REGISTERED

1 _____ Age _____

School Grade _____ Baptized YES or NO

Birthday _____

Baptism date _____

2 _____ Age _____

School Grade _____ Baptized YES or NO

Birthday _____

Baptism date _____

3 _____ Age _____

School Grade _____ Baptized YES or NO

Birthday _____

Baptism date _____

4 _____ Age _____

School Grade _____ Baptized YES or NO

Birthday _____

Baptism date _____

CHILDREN UNDER THE AGE OF 3:

1 _____ Age _____

Baptized YES or NO

Birthday _____

Baptism date _____

2 _____ Age _____

Baptized YES or NO

Birthday _____

Baptism date _____

