SAINT ANDREW
LUTHERAN CHURCH

Sunday School Registration 2018-2019

Child's Name _____ Grade_____
First Middle Last

☐ Male ☐ Female Date of Birth_____

Child's Name _____ Grade_____
First Middle Last

☐ Male ☐ Female Date of Birth_____

Child's Name _____ Grade_____
First Middle Last

☐ Male ☐ Female Date of Birth_____

Does your child have a food allergy or special considerations?

_____

_____

✓**PLEASE PLACE A CHECK MARK NEXT TO THE PRIMARY CONTACT**

☐

_____
Parent Name Parent Phone Number Parent E-mail

☐

_____
Parent Name Parent Phone Number Parent E-mail

_____
Address

Parent support is vital to the success of Sunday school. Please select one or two areas in which you are willing to assist with the faith formation of your child/children. Thank you!

☐ Classroom Helper (be present with the teacher to provide supervision and assistance)

☐ Sunday School Teacher/ Co-Teacher

☐ Help with the Christmas Program

☐ Christian Education Ministry Member