

St. Paul's Lutheran Sunday School Registration Form

1214 University Avenue stpauls@midconetwork.com stpaulscrookstonmn.com Ph: 218-281-3638

Sunday School hour is from 8:45 – 9:45 A.M. Please be at the church by 8:40 A.M.

(Preschool children must be 4 by Sept. 1)

Child's name _____ Age _____
(Last) (First)
Date of Birth _____ Grade _____

Child's name _____ Age _____
(Last) (First)
Date of Birth _____ Grade _____

Child's name _____ Age _____
(Last) (First)
Date of Birth _____ Grade _____

Child's name _____ Age _____
(Last) (First)
Date of Birth _____ Grade _____

Parent's/Guardian's names _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Cell: _____

Home email address _____

Emergency contact (name & phone) _____

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a St. Paul's Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with St. Paul's Lutheran Church Sunday School, when I or my emergency contact is unavailable to give such consent.

I, the undersigned parent or guardians, do hereby: give permission _____
do not give permission _____, for the above child(ren)'s photo to be used for St. Paul's Lutheran Church publicity purposes including the website.

Signature of Parent or Guardian _____ Date _____

Please complete and return this form to St. Paul's Lutheran Church by August 31st if possible. The completed form is required before your child(ren) attend(s) their first Sunday School class.