St. Andrew's Lutheran Church
2011-12 Sunday School Year

Sunday School Registration

Child's Name:
_____

Address: _____

_____

Date of Birth: _____ **Grade entering:** _____

School Attending: _____

Parent's Name (s) _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Allergies: _____

Special concerns: _____

Sibling Name(s) and Grade(s):
_____

_____

Please return completed form to the church office!
Sunday School Coordinators:
Jeff Connlain & Cindy Frantz
Thank You!