

FaithPoint Lutheran Church Sunday School Registration

Child Information

Name: _____ Gender: M/F

DOB: _____ School Grade: _____

Class Registration: (Circle One) 2.5yrs-K 1st-2nd 3rd-5th 6th-8th 9th-12th

Name: _____ Gender: M/F

DOB: _____ School Grade: _____

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Use additional sheets if necessary. Please turn over to complete parent and emergency contact information.

Mother's Contact Info

Father's Contact Info

Name

Home Phone

Cell Phone

Work Phone

Address

City/St/Zip

E-Mail

Emergency Contact Info

(on Sunday mornings)

Name

Number

I am interested in helping in the following area(s):
