

# ST. MATTHEW LUTHERAN CHURCH

## 2019 – 2020 SUNDAY SCHOOL REGISTRATION FORM

### CHILD(REN)'S INFORMATION:

(PLEASE REGISTER YOUR CHILD BASED ON THEIR 2019-20 GRADE LEVEL)

1. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies\* \_\_\_\_\_

2. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies\* \_\_\_\_\_

3. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies\* \_\_\_\_\_

4. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade \_\_\_\_\_ Allergies\* \_\_\_\_\_

### PARENTS:

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*PLEASE INFORM THE TEACHER EACH WEEK OF YOUR CHILD'S ALLERGIES.**

Please provide your email address so we can keep you apprised of Sunday School events and news.

Email Address \_\_\_\_\_