

# St. Michael Lutheran Church Sunday School Registration

School year: \_\_\_\_\_

Grade: \_\_\_\_\_

## GENERAL INFORMATION

Name of child: \_\_\_\_\_  
Last First Middle (Jr. Sr. III.)

Address: \_\_\_\_\_  
Number and street City State Zip

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Baptism: \_\_\_\_\_  
Month/Year Name of church and location

Special Needs, Allergies, or other medical condition: \_\_\_\_\_

If your child has not been baptized, would you like someone to call you to make arrangements to do so? \_\_\_\_\_

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

If the child does not reside with both parents, who is the custodial parent or legal guardian? \_\_\_\_\_

Are you a member of St. Michael Lutheran Church? \_\_\_\_\_

If you are not a member, would you like to be contacted regarding membership? \_\_\_\_\_

If you are a member of another church, please give name and location: \_\_\_\_\_

Other children in the family (name and date of birth):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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*Please note: Each child must register for Sunday School each year regardless of past participation.  
Thank you for helping us keep our records up-to-date!*