

**God's Love Lutheran Church
Sunday School Registration
2010-2011
Age 3 to 6th Grade**

Family Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Parent/Guardian Name(s): _____

E-Mail Address: _____

Location of Parent during Sunday School: _____

Child #1

Name: _____

Date of Birth: _____ Grade As of 9/09: _____

Special needs, health or allergy alerts: _____

Child #2

Name: _____

Date of Birth: _____ Grade As of 9/09: _____

Special needs, health or allergy alerts: _____

Child #3

Name: _____

Date of Birth: _____ Grade As of 9/09: _____

Special needs, health or allergy alerts: _____

We are: _____ Continuing Students _____ New Students

_____ Please ✓ if additional information is written on back.