



Our Savior's Lutheran Church and School

SUNDAY SCHOOL REGISTRATION FORM

Child Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Email Address: _____

Emergency Contact: _____ Emergency Phone Number: _____

Date of Birth: _____ Home Church: _____

My special interest's and strengths include:

ALLERGIES OR OTHER MEDICAL CONDITIONS:

Parent Signature

Date

Christian Education Lead

Date