

St. Paul Lutheran Sunday School
Trenton, Michigan
Registration Form

Family Name _____ Date _____

Address _____ City/Zip _____

Parent's Name _____ Phone # _____

Family Email Address _____ St. Paul Member? Yes No

| Name: <small>(Include last name if different)</small> | Birthday: | Grade: | H.S. Grad. Date: | Baptized: | |
|---|------------------|---------------|-------------------------|------------------|---|
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |