

St. Luke's Evangelical Lutheran Church
SUNDAY SCHOOL REGISTRATION FORM, 2010-2011

STUDENT INFORMATION

Child's Name _____

Grade Entering _____

Birthdate _____

Date of Baptism _____

Parent's Names _____

Address _____

Home Phone # _____ - _____

Cell Phone # _____ - _____

Email address _____

EMERGENCY CONTACT

Name _____

Phone # _____ - _____

ADDITIONAL INFORMATION

Allergies _____

Medical issues _____

If your child plays a musical instrument(s), please list:

*Please return your completed form to St. Luke's during office hours or to
Elaine DiPirro on Sunday morning, or email as an attachment to
elainemdipirro@comcast.net*