

2009-2010 Zion Lutheran Sunday School Registration Form

Please drop in box at church or mail to
Zion Lutheran Church, 236 W. Mill Street, Columbus, WI 53925

Name(s) of Parent(s) or Guardian(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Emergency Contact Person: _____ Phone: _____

Are the parents/guardians members of Zion? Yes No

If no, what is their church affiliation? _____

List the children to be enrolled below.

Child's name: _____

Baptized? Yes No Birth Date: _____

Grade Entering: _____ School Attending: _____

Child's name: _____

Baptized? Yes No Birth Date: _____

Grade Entering: _____ School Attending: _____

Child's name: _____

Baptized? Yes No Birth Date: _____

Grade Entering: _____ School Attending: _____

Child's name: _____

Baptized? Yes No Birth Date: _____

Grade Entering: _____ School Attending: _____

You may list any additional children or notes on the back of this sheet.

Do any of the above children have any health problems we should know about (allergies, diabetes, etc.)? _____
