

St. Paul's Sunday School Registration Form

Classes begin on September 8, 2002

Date: _____

Child's Name: _____ Age/date of birth: _____

Mailing address: _____

Home phone #: _____

Mother's name: _____ Work phone #: _____

Mother's e-mail: _____

Father's name: _____ Work phone #: _____

Father's e-mail: _____

Other children in family (who will also attend Sunday School):

Name: _____ Age/date of birth: _____

Name: _____ Age/date of birth: _____

Name: _____ Age/date of birth: _____

Please indicate any special needs or concerns (i.e. allergies, learning difficulties, etc.):

Please indicate if you have any goals or expectations for your child this year:

Would you be willing to help teach Sunday School or lead the opening worship in Epiphany Chapel? If so, do you have any time constraints?

Which of the following special events would you be willing to volunteer to help with?

Rally Day (September) _____ Christmas Pageant _____ Advent Workshop _____

Lenten and Easter Activities _____ Reformation Sunday _____ Field Trips (hayride) _____

Pentecost Picnic _____ Sunday School _____

Please return this form to the church office or leave it in the Sunday School box located in the Narthex. Questions? Please contact Walt Anderson (202) 333-2672 or Cheryl Hickman (301) 942-5464. Or, check out St. Paul's website for more info: www.stpaulslutherandc.com. Thanks!