

# Sunday School Registration

Bethany Lutheran Church

701 Grove Street Mauston, WI 53948

608-847-6690

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Is Child Baptized: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Child lives with whom: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

Signed: \_\_\_\_\_