

2025-2026

GOOD SHEPHERD LUTHERAN CHURCH SUNDAY SCHOOL REGISTRATION FORM

Mother's Name _____

Father's Name _____

Address _____

Phone _____ Email _____

Child's Name

Date of Birth _____

Interests or Hobbies _____

Allergies _____

A little bit about your child

Child's Name

Date of Birth _____

Interests or Hobbies _____

Allergies _____

A little bit about your child

Child's Name

Date of Birth _____

Interests or Hobbies _____

Allergies _____

A little bit about your child

PHOTO RELEASE _____

EMERGENCY CONTACT _____