

Sunday School Registration

St. John Lutheran Church
222 N. Stafford Street
Plymouth, WI 53073

Student Name _____ Grade _____

Birth date _____ Baptism Birth date _____

Food Allergies _____

Student Name _____ Grade _____

Birth date _____ Baptism Birth date _____

Food Allergies _____

Parent's Names _____

Address _____

Phone: Home _____ Cell _____

Please list any issues the Sunday school Staff needs to be aware of

I would like to help with Sunday school

- _____ Teaching
_____ Co -Teaching
_____ Substitute teaching

