2009-2010 SUNDAY SCHOOL REGISTRATION

Parent Name(s):_____

Mother's address_____

City_____ Zip_____

Home Phone w/area code_____

Cell phone _____

Email_____

Father's Address if different than above_____

Address_____

City_____ Zip_____

Home Phone w/area code_____

Cell phone _____

Email_____

GETHSEMANE
LUTHERAN CHURCH
Engaged by God in a Living Faith:
at Home, at Church, and in the World

CHILD'S NAME Include last name if different than parents	M/F	BIRTH DATE	BAPTISM DATE	AGE (on 9/1/09)	GRADE	MEDICAL NEEDS