

Christ-St. John's Lutheran School

Registration

2009-2010

Child(ren)

Last First Middle
Address _____
Street City State Zip Code
Telephone _____ Child(ren) Dates of Birth _____

Previous Schools Attended

Name _____ Grades _____ Year _____
Name _____ Grades _____ Year _____
Sunday School Church _____
Denomination _____
Years _____

Baptized Yes () No () Church _____
Date Baptized _____ Pastor _____

Father or Guardian _____
Address _____
Street City State Zip Code
Occupation _____ Employer _____
Church Affiliation _____ Phone _____
E-mail Address: (Home or Work) _____

Mother or Guardian _____
Address _____
Street City State Zip Code
Occupation _____ Employer _____
Church Affiliation _____ Phone _____
E-mail Address: (Home or Work) _____

Check one if it applies:

- () We are not members of any church.
() We are interested in becoming members of Christ Lutheran Church.
() We are interested in becoming members of St. John's Lutheran Church.

Other Children in the Family

Name _____ Date of Birth _____ Baptized Yes () No ()
School Now Attending _____
Name _____ Date of Birth _____ Baptized Yes () No ()
School Now Attending _____
Name _____ Date of Birth _____ Baptized Yes () No ()
School Now Attending _____

Any Other Emergency Phone Numbers _____

Date Completed _____