

## Bethel Lutheran Church Sunday School Enrollment

Child's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Birth date \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Food Allergies \_\_\_\_\_

Age \_\_\_\_\_ Grade in School \_\_\_\_\_ e-mail address \_\_\_\_\_

Parent(s)/Guardian Name(s) \_\_\_\_\_

Sunday School Time Preference 9:15 a.m. \_\_\_\_\_ 11:00 a.m. in Spanish \_\_\_\_\_

Will you pick your child up in the classroom or meet him/her in the building? \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

Do you have special care concerns? \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Call Jacqui Shanda at 257-3577, extension 333 or e-mail [blceducation@bethel-madison.org](mailto:blceducation@bethel-madison.org) if you have concerns or questions.