

# **Baltic Lutheran Sunday School Registration Form**

(Please return to Alana or the office. Po Box 198 Baltic SD 57003 or [nidaros@alliancecom.net](mailto:nidaros@alliancecom.net))

**Child Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Best way to be contacted: Cell phone Home Phone Email address

**Father's Name:** \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Best way to be contacted: Cell phone Home Phone Email address

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Allergy/Medical concerns: \_\_\_\_\_

\_\_\_\_\_