



# St Paul Lutheran Church Wonder Wednesdays! Registration Form

## HOUSEHOLD INFORMATION

Guardian(s) Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred contact: Phone \_\_\_\_\_ [ ] Text [ ] Call

[ ] E-Mail \_\_\_\_\_

### Emergency information/contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

### People authorized to pick up this child (other than guardians):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I grant permission for my child to be photographed and for that photo to be used in publicity materials and on social media platforms.

## CHILD(REN) INFORMATION

(If necessary, add more children on the back of this sheet)

1. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Gender \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies \_\_\_\_\_

\*\*\*\*\*

2. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Gender \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies \_\_\_\_\_

\*\*\*\*\*

3. Child's First & Last Name \_\_\_\_\_

DOB: \_\_\_\_\_ Gender \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies \_\_\_\_\_

\*\*\*\*\*

Please contact St Paul Lutheran Church at 651-439-5970 or [spkc@stpaulc.org](mailto:spkc@stpaulc.org) if you have questions.

609 S. 5<sup>th</sup> Street, Stillwater, MN 55082