

FAITH EVANGELICAL LUTHERAN CHURCH

Sunday School Enrollment Card for 2016/2017

Childs Name: _____ DOB: _____

Mother's Name: _____ FELC Member: _____

Father's Name: _____ FELC Member: _____

Child's Address: _____

Home Phone: _____ Email: _____

Mother's cell: _____ M Email: _____

Father's cell: _____ F Email: _____

Person(s) responsible for meeting the child after class

PLEASE NOTE ANY:

Allergies: _____

Medical Conditions: _____

Concerns: _____