

Sunday School Registration Form

Date: _____

Student Name:	
Grade:	
Birth Date:	
School:	
Mother's Name:	
Father's Name:	
Address:	
Phone:	
Cell Phone:	
E-mail Address:	
Are you a Thrivent member?	YES NO
	Office Only:
	Medical Release Form Completed <input type="checkbox"/>
	Entered into ACS <input type="checkbox"/>

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