

Lakeview Lutheran Church Sunday School 2018-2019  
REGISTRATION FORM

First Name	Last Name	Birthdate mm/dd/yy	Current Age	Grade in School 2018-2019
1.				
2.				
3.				
4.				

Please note if child has any allergies/medical conditions/medication/issues:

Parent/Guardian Contact Information			
<b>Father's Name</b> (or guardian)			
Address			
Home Phone		Cell Phone	
Email			
<b>Mother's Name</b> (or guardian)			
Address			
Home Phone		Cell Phone	
Email			

In case of Emergency			
Preferred Clinic			
Preferred Hospital			
Secondary Contact Name			
Home Phone		Cell Phone	

Submit completed form to: Lakeview Lutheran Church, 4001 Mandrake Road, Madison WI 53704  
Office tel: 608.244.6181 <http://lakeviewlutheranchurch.org/>  
Questions? Contact Sunday School Superintendent, Annette Pownell [aepownell@yahoo.com](mailto:aepownell@yahoo.com)