



Children? Yes  No

Child Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

List any higher education (majors, colleges/universities, dates of graduation (or anticipated date)): \_\_\_\_\_

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List any health items (blood type, allergies, other alerts): \_\_\_\_\_

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Emergency Contact (name, relation, phone, address, email): \_\_\_\_\_

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Tell us about yourself. Where you are from, where you lived before. Your hobbies, interests, etc. \_\_\_\_\_

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Share with us the reason you decided to become a member of St. Paul's Lutheran Church. \_\_\_\_\_

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