St. Paul's Lutheran Church Sunday School Registration

2018-2019

Dear Parent,

Welcome to Sunday School!!!

We are looking forward to a very productive year. We believe that Sunday School is one of the most important

activities for your children, giving them a valuable opportunity to become more familiar with God and His

Church, the Holy Sacraments, Tradition and Scripture. While having a fun time, making friends, and being in

fellowship with each other.

Our regular Sunday School session runs September through May each year beginning at 9:30 in the church

sanctuary and ending at 10:30 in the church basement. Our classes are divided up in three groups; Pre-School

and Kindergarten, 1st grade to 2nd grade, and 3rd grade to 5th grade. All children must be picked up from their

classrooms. They will not be dismissed until you or your authorized person comes for them.

We welcome all children to attend as often as possible and feel free to invite other friends and family! It helps

the students get to know their teachers, other students, learn new songs, Bible stories and most importantly, the

power of God's love. Your registration may be mailed to the church at 612 Jennings St Sioux City, IA 51101,

dropped off during Sunday School hour or given to a Sunday School teacher. If you have any questions feel free

to contact any teacher, the office or Shannon.

God's blessings to you,

St. Paul's Sunday School Committee,

Shannon Porter, DCE 509-496-2533 shannonkporter@gmail.com

Brandi Beller, Committee Chairman 712-251-3025 brandib@cableone.net

Church office 712-252-0338 mychurch@cableone.net

St. Paul's Lutheran Church Sunday School Registration 2018-2019

Student Names	Grade	Birthday	Baptism Date
Parent 1 Name		Phone	
Parent 2 Name		Phone	
Address	City/S	State	Zip
Email address			
Are you a member of St. Paul's	s Lutheran Church (circle one)	YES	NO
	Please initial by each statem have photographs taken of my have photographs of my studer have photographs of my studer	student(s). nt(s) posted on the ch	
Check here if your child has know about, please list that info	s allergies or health concerns thormation here		
I hereby authorize the following	g person(s) to pick up my child		
•			
Name & Relationship to child _ Name & Relationship to child _			PhonePhone
Parent or Guardian Signature		Date	