

# Lutheran Church of Our Saviour

CHURCH: 888 Rockaway Ave, Valley Stream, NY 11581

TEL: [\(516\) 825-5453](tel:5168255453)



## SUNDAY SCHOOL ADMISSION FORM

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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We desire that our child to be in our Sunday School:

\_\_\_\_\_  
Mother/Father's Signature

\_\_\_\_\_  
Date