



Zion's Evangelical Lutheran Church
PO Box 658
103 East Market Street
Jonestown, PA 17038

Date: _____

SUNDAY SCHOOL INFORMATION SHEET

Child's Name: _____

Date of Birth: _____

Parents' Name(s): _____

Address: _____

E-Mail: _____

Telephone Number: 1. _____

2. _____

3. _____

To whom should the child be dismissed after Sunday School?: _____

ALLERGIES: _____

Other concerns you may wish to share in order to maximize our service to your child:

Is child baptized? Yes _____ No _____

Grade Child is Currently Attending: _____