



Bethlehem Lutheran Church
417 West First Avenue; P.O. Box 638
Grand Marias, Minnesota 55604

Belonging to Christ, Sharing Christ on the North Shore and Beyond

Student's full name _____

Date of birth _____

Gender (circle one): Female Male Nonbinary

School _____ **Grade (2024-25)** _____

Church (if different from Bethlehem Lutheran) _____

Parent(s)/Guardian(s) _____

Parent/guardian cell phone _____

Parent email _____

Emergency Contact (if parents cannot be reached) _____

Relation to child _____

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