

Sunday School Registration Form

Child's Name: _____
Last First M.I.

Birthdate: ____/____/____ Baptism date: ____/____/____

Male/Female: ____ Grade in School: ____

Child lives with: _____
Name Relationship to child

Parent Name: _____
Last First M.I.

Address: _____
Street Apt#

City State Zip

Phone: _____
Home Work Cell

Parent Name: _____
Last First M.I.

Address: _____
Street Apt#

City State Zip

Phone: _____
Home Work Cell

Emergency Contact: (if we are unable to reach parents)

Name: _____
Last First Relationship to child

Address: _____
Street apt #

City State Zip

Phone: _____
Home Work Cell

Allergies: _____

Other Concerns: _____

Photo Consent:

On occasion we will be taking pictures of children participating in activities at St. John's. Please indicate if you give St John's permission to use photos of your child for church promotions, publications or displays. No names will be used.

_____ I agree to give St. John's permission to use photos of my child.

_____ I do not agree to give St. John's permission to use photos of my child.

If you would like to receive Sunday school news via email please list address(es) below.

Are you interested in teaching Sunday school? _____

May we contact you to help with Sunday school events? _____