

St. John's Sunday School Registration
One Form per child

STUDENT'S NAME: _____

Current Grade _____ Age _____

Date of Birth _____ Date of Baptism _____

MOTHER'S NAME _____

Address _____

Home Phone _____ Cell Phone _____

Email address _____

Church Membership (if other than St. John's) _____

FATHER'S NAME _____

Address (if other than above) _____

Home Phone _____ Cell Phone _____

Email Address _____

Church Membership (if other than St. John's) _____

EMERGENCY CONTACT PERSON & PHONE (other than a parent)

Relationship to Student _____

FOOD ALLERGIES OR OTHER MEDICAL CONCERNS _____

FAMILY DOCTOR & PHONE _____

NAMES OF SIBLINGS ATTENDING SUNDAY SCHOOL

CHECK: **I WILL SERVE AS A:** ___TEACHER ___SUBSTITUTE
TEACHER

NAME _____

I understand my child's picture may be taken and I give permission for its use in a display or for promotion of the church. _____YES _____NO

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