

St. John's Sunday School 2017-2018

Registration Form

Sunday School Begins September 17 at 9:40 a.m.

Please note: Your child must be 3 years old by September 1 and potty trained to enroll. Thank you.

Date: _____

Student Name: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: ____/____/____ Grade Level: _____

Sex: F or M

Name of Parent/Guardian: _____

Telephone Number: _____

Email: _____

Known Allergies: _____

Medications: _____

Other: _____

I would like to volunteer to be a substitute teacher or an aide for my child's class:

Name and phone number to contact.

PARENT PERMISSION FOR PHOTOGRAPHS

I am the parent/guardian of the child listed above and grant permission to St. John's Lutheran Church to use photos of my child for use in promoting activities associated with the St. John's Lutheran Church Sunday School. Names of children will not be published.

Church: St. John's Lutheran Church

Website: www.stjohnsop.com

Child's printed name: _____

Parent/Guardian's signature: _____

Date: _____