

# 2024-2025 ST. JOHN'S SUNDAY SCHOOL REGISTRATION

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Permission to pick up: \_\_\_\_\_

*Please list all family members or friends who have permission to pick up your child(ren) from Sunday School class and/or events.*

Permission to photograph your child and post on our website (*names will never be used*)

Does your child have any allergies:  YES (please list \_\_\_\_\_)  NO

Does your child have any special needs:  YES (please list \_\_\_\_\_)  NO

Would you be willing to help in any of the following ways:  
(Please check any you would be willing to help us with)

- teaching
- substitute teaching
- helper
- food for special occasions
- I have a special talent I would be willing to share such as crafts, sewing, woodworking, etc.



My special talent is: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_