



St. John's United Church
Sunday School Registration Form
2026/2027

Please use one form per child

Child's name: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Telephone Number: _____

E-Mail: _____

(Reminders and other communication will be send via email)

Grade: _____ Age of child: _____ Date of Birth: _____

Allergies: _____

Parent Volunteers Needed

please check

_____ Teach Sunday School _____ Christmas Pageant Helper

_____ Substitute For Teacher. _____ Game Day Leader

_____ Other (please specify) _____

Is there anything you'd like to see done during or with the children?

St. John's United Church's Sunday School periodically uses photographs of students.

I _____ (name of parent/gardian)

_____ **Allow the use of my child's photo**

_____ **Do not allow the use of my child's photo**

Signature: _____ **Date:** _____