

St. John's United Church

Sunday School Registration Form

FAMILY SURNAME: _____

Family email address: _____

Mother's name _____

Address _____

Father's name _____

Address (if different) _____

Child's Name _____

Birth date _____ Age _____ Grade _____

Any allergies? _____

Child's Name _____

Birth date _____ Age _____ Grade _____

Any allergies? _____

Child's Name _____

Birth date _____ Age _____ Grade _____

Any allergies? _____

If the Sunday School is in need of help in the following area, give me a call to:

- Donate supplies
- Food for special occasions
- Extra Hand at Special Events
- Occasionally - Assist on occasion in the Nursery or in a Sunday School classroom
- My suggestion _____
- Sorry, I am unable to help at this time

Photos and/or videos may be taken of registrants for use on the St. John's United Church website / Facebook (no names will be used).

If there is any other information that would assist us in working with the children? (Use reverse side if necessary.)

Signature of Parent/Guardian _____ Date _____