

# St. John's United Church

## Sunday School Registration Form

FAMILY SURNAME:

\_\_\_\_\_

Family email address:

\_\_\_\_\_

Parent/Guardian name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian name

\_\_\_\_\_

Address *(if different)*

\_\_\_\_\_

Phone *(if different)* \_\_\_\_\_

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:

- 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

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 \_\_\_\_\_