

St. John's United Church

Church School Registration Form – 2010/11

Child's Name _____

Address _____

Postal code: _____

Telephone _____ Birth date _____ Age _____ Grade _____

Family email address: _____

Mother's name _____

Address (if different) _____

Father's name _____

Address (if different) _____

Child's special interests and activities: _____

Any allergies? _____

Siblings attending Church School?

Names/Ages _____

Emergency contact during church school hour:

I will probably be in the church building

Other _____

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

Donate supplies

Food for special occasions

An extra pair of hands if needed

Prayer support

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 _____