2024-25 Sunday School Registration Form St. John's Lutheran Church & School

(Preschool - 12th Grade)

Family	Inform	ation
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Parent(s)/Guardian Name:	Phone Number(s):	
Street Address:	Email:	
Emergency Contact & Relationship to Child:	Emergency Contact Phone:	
Student Information (please fill out for each child)		
Child's Name:	Grade in September:	
Date of Birth:	Current Age:	
Allergies/Other Information to know about your o	child:	
Child's Name:	Grade in September:	
Date of Birth:	Current Age:	
Allergies/Other Information to know about your o	child:	
Child's Name:	Grade in September:	
Date of Birth:	Current Age:	
Allergies/Other Information to know about your o	child:	

May we have permission to photograph your child(ren) and use for purpose of promotion of Sunday School? Yes ___ No ___