

# Sunday School Registration Form

Child's Name:

Grade in School in fall of 2022:

Child's Gender:

2<sup>nd</sup> Child's Name:

Grade in School in fall of 2022:

Child's Gender:

3<sup>rd</sup> Child's Name:

Grade in School in fall of 2022

Child's Gender:

Parent 1 Name:

Parent 2 Name:

Home Address:

Home Phone:

Parent 1 Cell Phone:

Parent 2 Cell Phone:

Parent's email:

Emergency Contact (non parents):

Emergency Contact Cell Phone:

Notes we should know about your child (allergies, medical, behavioral, who can pick up etc.)

Medical Treatment Permission: I give the leaders of St. John's Sunday School permission to medically treat my child both in house and at a medical center if the need should arise. And I know I will be contacted as soon as possible should this happen.