



**St. John's Evangelical Lutheran Church
Sunday School Registration
2024-2025**

Child's Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Birthdate: _____ **Age:** _____

Circle: 3 yr. old 4 yr. old K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Parent/Guardian's Name: _____

Phone: _____

Email: _____

Parent/Guardian's Name: _____

Phone: _____

Email: _____

In Case of Emergency contact & Phone Number: _____

Allergies or conditions which may limit activity: _____

Medications: _____

Pictures may be taken during Sunday School or church services. I (circle one) **DO** **DO NOT**

authorize the release of (child's name) _____'s pictures for use on the St. John's Lutheran Church website or other church publication.

Signature: _____ **Date:** _____

Relationship to Child: _____

****Please note:** All address and email information are strictly for the use of the church and will not be shared outside the church.