



**St. John's Evangelical Lutheran Church  
Sunday School Registration  
2025-2026**

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**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.**