



## St. John's Episcopal Church Sunday School Registration

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph(s) \_\_\_\_\_

Email \_\_\_\_\_ Emergency \_\_\_\_\_

Student's Name (1) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies/Concerns \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Play a musical instrument? If yes, which? \_\_\_\_\_

Student's Name (2) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies/Concerns \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Play a musical instrument? If yes, which? \_\_\_\_\_

Student's Name (3) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies/Concerns \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Play a musical instrument? If yes, which? \_\_\_\_\_

Student's Name (4) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies/Concerns \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Play a musical instrument? If yes, which? \_\_\_\_\_

Interested in 1<sup>st</sup> Communion for any of your children? Y \_\_\_ N \_\_\_ Acolyting (gr 4+) Y \_\_\_ N \_\_\_