

Sunday School Registration Form

Part 1 - Parental Information

Mother (or other female adult)

Name _____ Home/cell phone _____

Home address _____

Work phone (if applicable on Sundays in case of emergency) _____

Most used email address _____

A member of St. John's Lutheran Church _____yes _____no

Father (or other male adult)

Name _____ Home/cell phone _____

Home address _____

Work phone (if applicable on Sundays in case of emergency) _____

Most used email address _____

A member of St. John's Lutheran Church _____yes _____no

Part 2 - Emergency Contacts

Emergency Contact Person: _____ phone # _____

Emergency Contact Person: _____ phone # _____

Please note who will be picking up your child(ren) if it will not be a parent: _____

Continued on back

Thank you for taking the time to complete this form!



Suggested donation of \$25 per family.

Part 3– Individual Child Registration

Child's Name:

Date of Birth:

Grade Level
(for current school year)

1) _____

Does this child have any special needs if so, please circle any of the following options: (Please note that this information is confidential and will be used only to help the teachers plan for any special requirements)

Learning disability
Seizures

ADD/ADHD
Medication

Hearing/Vision

Allergies

Other physical/mental limitations _____

Please describe nature of special needs _____

Any special family arrangements you would like us to be aware of _____

Child's Name:

Date of Birth:

Grade Level
(for current school year)

2) _____

Does this child have any special needs if so, please circle any of the following options: (Please note that this information is confidential and will be used only to help the teachers plan for any special requirements)

Learning disability
Seizures

ADD/ADHD
Medication

Hearing/Vision

Allergies

Other physical/mental limitations _____

Please describe nature of special needs _____

Any special family arrangements you would like us to be aware of _____

Child's Name:

Date of Birth:

Grade Level
(for current school year)

3) _____

Does this child have any special needs if so, please circle any of the following options: (Please note that this information is confidential and will be used only to help the teachers plan for any special requirements)

Learning disability
Seizures

ADD/ADHD
Medication

Hearing/Vision

Allergies

Other physical/mental limitations _____

Please describe nature of special needs _____

Any special family arrangements you would like us to be aware of _____

If you need additional space feel free to attach another sheet for additional kids.