

**SUNDAY SCHOOL REGISTRATION
ST. JOHN'S LUTHERAN CHURCH 2018/2019**

PARENT'S INFORMATION

Last Name _____ First Name _____

Address _____

Home Phone _____ Cell Phone _____

For the convenience of notifying families regarding any Sunday School information/upcoming events, please provide your email address below.

Email _____

By signing below, I give St. John's permission to use photos, if any, of my child/children, to be posted on the church website, Facebook page or any other church related publications.

Signature _____

STUDENT INFORMATION

Child 1

Last Name _____

First Name _____

Date of Birth _____ Grade _____

Baptized: Y N Date _____ (month/yr.)

Place of Baptism _____

Child 2

Last Name _____

First Name _____

Date of Birth _____ Grade _____

Baptized: Y N Date _____ (month/yr.)

Place of Baptism _____

Child 3

Last Name _____

First Name _____

Date of Birth _____ Grade _____

Baptized: Y N Date _____ (month/yr.)

Place of Baptism _____

Child 4

Last Name _____

First Name _____

Date of Birth _____ Grade _____

Baptized: Y N Date _____ (month/yr.)

Place of Baptism _____

Please Note: We invite and welcome ALL children to our Sunday School! If your child has special needs we ask you to meet with us **before your child attends class** so we can discuss how we can best meet the needs of your child and his/her classmates in the classroom setting. Please contact Dana Benson at shbenson123@yahoo.com, or text 715-928-2722.

Student name(s) _____

Please complete the following questions, where appropriate. Thank You!

1. Please share information about any allergies your student has or any medication they are taking of which we need to be aware:

2. Please share any educational, emotional or physical needs your student has that you would like to share with us so we can better meet his or her needs:

3. Please share any Custodial Rights concerning your student about which we should be aware:

Please return completed form to the church office or on Rally Day, September 9, 2018