

St. John Lutheran Church
Sunday School Registration Form

(This form must be completed for children to attend Sunday School)

Parent 1 Last Name _____ **First Name** _____

Parent 2 Last Name _____ **First Name** _____

Street Address _____

City/Zip _____

E-mail Address _____ Home Phone _____

Parent 1 Cell _____ **Parent 2 Cell** _____

Emergency Contact (other than parent) _____

Relationship _____ **Phone** _____

Child 1 Name _____ Male _____ Female _____

Birthdate _____ Age as of 9/1/17 _____ Grade in School _____

Baptized? _____ Yes _____ No _____ Year _____ Place _____

Health Concerns No Yes Please explain _____

Allergies No Yes Please explain _____

Behavioral Concerns No Yes Please explain _____

Medications No Yes Please explain _____

Child 2 Name _____ Male _____ Female _____

Birthdate _____ Age as of 9/1/17 _____ Grade in School _____

Baptized? Yes No Year _____ Place _____

Health Concerns No Yes Please explain _____

Allergies No Yes Please explain _____

Behavioral Concerns No Yes Please explain _____

Medications No Yes Please explain _____

Additional children →

School Year 2015-2016	School Year 2016-2017	School Year 2017-2018
Parent Initials _____	Parent Initials _____	Parent initials _____
Date _____	Date _____	Date _____

Child 3 Name _____ Male _____ Female _____

Birthdate _____ Age as of 9/1/17 _____ Grade in School _____

Baptized? _____ Yes _____ No _____ Year _____ Place _____

Health Concerns No Yes Please explain _____

Allergies No Yes Please explain _____

Behavioral Concerns No Yes Please explain _____

Medications No Yes Please explain _____

Child 4 Name _____ Male _____ Female _____

Birthdate _____ Age as of 9/1/17 _____ Grade in School _____

Baptized? Yes No Year _____ Place _____

Health Concerns No Yes Please explain _____

Allergies No Yes Please explain _____

Behavioral Concerns No Yes Please explain _____

Medications No Yes Please explain _____

Child 5 Name _____ Male _____ Female _____

Birthdate _____ Age as of 9/1/17 _____ Grade in School _____

Baptized? Yes No Year _____ Place _____

Health Concerns No Yes Please explain _____

Allergies No Yes Please explain _____

Behavioral Concerns No Yes Please explain _____

Medications No Yes Please explain _____
