

Welcome to Sunday School
St. John the Baptist Episcopal Church
Registration Form 2022-2023 School Year

Child's Name: _____ Age: _____ Birthday: _____
Child's Name: _____ Age: _____ Birthday: _____
Child's Name: _____ Age: _____ Birthday: _____

Parent/Guardian Information:

Parent/Guardian 1:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Parent/Guardian 2 (if applicable):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Contact Person during Sunday School:

Name: _____
Relationship: _____

Who is authorized to pick up child:

Contact Phone: _____

Medical Conditions/ Allergies: _____

After class, my child will: (circle one) attend church picked up

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YES, I give permission for photographs to be taken during Sunday school classes to be used in St. John's printed and electronic communications, on St. John's website, and in St. John's SmugMug.com photo album.

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NO, I DO NOT give permission for photographs to be taken during Sunday school classes to be used in St. John's printed and electronic communications, on St. John's website, and in St. John's SmugMug.com photo album.

Parent Signature: _____

Date: _____