



St. John's Presbyterian Church
Sunday School Registration Form

Please fill out one form for each child

Child's Name:

Date of Birth:

Child's Current Grade:

Child's School:

Parent's Name:

Street Address:

City, State, Zip:

Home Phone Number:

Parent's Cell Phone Number:

Parent's Email:

Important Medical/Allergy Information:

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Relationship to Child: