

ST. JOHN SUNDAY SCHOOL
REGISTRATION FORM
2013-2014

FAMILY LAST NAME:

ADDRESS:

EMAIL ADDRESS (required):

TELEPHONE NO:

PARENT'S NAMES:

CHILDREN'S NAMES	BIRTH DATE	NAME DAY (If known)	GRADE (American School)	SPECIAL INST.

Please indicate any special needs of which your children's Sunday School teachers should be aware:

Please complete this section:

Who can assist in class if needed? (Indicate all that apply)

Mom Dad

Other (i.e., grandparent, older sibling, aunt): _____

No. of Children = _____ x \$ 25.00 = _____ Cash / Check / Credit

Date Paid _____

Check No. _____