

Sunday
School

CHURCH OF ST. JOHN THE EVANGELIST
Sunday Morning: 9:30-10:30 a.m.



FAMILY NAME _____
Father's first name _____ Religion _____
Mother's first name _____ Religion _____
ADDRESS _____

HOME PHONE _____
e-mail _____
e-mail _____
CITY _____ ZIP _____

Child(ren) live with: Both parents _____ Father _____ Mother _____ Step-parent & father _____ Step-parent & mother _____

Who has authorization to pick up child other than parents: _____

CHILD NAME	GENDER (m/f)	BIRTHDATE	AGE AS OF SEPT. 1	ALLERGIES/MED. CONCERNS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments:

FEES:

_____ 1 child \$50
_____ 2+ children \$65

PARENT PARTICIPATION POLICY

_____ I understand that I/we will be assigned to help lead a group of children on a rotating basis, and I agree to participate when assigned. If I am unable, I will find a substitute or trade with another parent.

(All craft supplies, snacks, and stories are supplied. The parent simply follows the directions.)

* Tuition assistance is available
(upon request)

_____ St. John's has my/our permission to share my/our e-mail with the parents of my/our child's group.
_____ St. John's has my/our permission to take pictures of our child(ren) that may be used on our Bulletin/ website.

\$ _____ Amount Enclosed

Parent(s)/Guardian Signature

OFFICE USE ONLY: Entered _____ Assigned _____ Pd/Waiver _____ Initials _____