



St. John's Episcopal Church

- Est. 1745 -

"To know Christ and make Him known"

Sunday School 2018-19 Registration Form

Parents' Names: _____

Street Address: _____

Home phone #:(____)____ - _____ E-mail address: _____

Cell phone #: Mother (____)____ - _____ Father (____)____ - _____

Children to be registered:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade (in Sept.)</u>
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Child # 1: _____	____/____/____	_____
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Any allergies, medical concerns, special needs: _____

Child # 2: _____	____/____/____	_____
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Any allergies, medical concerns, special needs: _____

Child # 3: _____	____/____/____	_____
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Any allergies, medical concerns, special needs: _____

Dear Parents, everyone has a role in helping your child grow in the love of Christ. Please tell us how you will help this year's Sunday School!

Please prayerfully consider becoming an assistant teacher or a co-teacher.

I WILL Be a Sunday School Teacher Be a Substitute / Asst. Teacher

Help out with setting up for events or classroom reorganizing

Please fill out and **return** to St. John's office.

**Join us for Sunday School Registration & Celebration
at 9:40 am on September 16th in the Canterbury Corner**