

2021-22 St. John's Lutheran Church

Sunday School Registration

If you are able please register at stjohnsmarion.org.

Paper registrations may be dropped off in the office or through the office mail drop box.

Guardian Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact(s): _____

Relationship to child(ren): _____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Name: _____ Child's Age (as of Sept. 1): _____

Date of Birth: _____ 2021-22 School Grade: _____

Gender: Male Female Other

Are there any medical or allergy concerns for your child: _____

Child's Name: _____ Child's Age (as of Sept. 1): _____

Date of Birth: _____ 2021-22 School Grade: _____

Gender: Male Female Other

Are there any medical or allergy concerns for your child: _____

Child's Name: _____ Child's Age (as of Sept. 1): _____

Date of Birth: _____ 2021-22 School Grade: _____

Gender: Male Female Other

Are there any medical or allergy concerns for your child: _____

By checking I am authorizing St. John's to use photos, videos or other likeness of my child(ren) for church publicity with no identifying information posted.

_____ (initial)

Yes, I am allowing my child(ren) to attend St. John's Lutheran Church Sunday School for 2021-22 school year.

(signature) _____