

ST. JOHN'S REFORMED CHURCH
SUNDAY SCHOOL
2011-12 REGISTRATION FORM

Child=s Name _____

DOB _____ Age _____ Grade in Sept. _____

Child=s Name _____

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Child=s Name _____

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Child=s Name _____

DOB _____ Age _____ Grade in Sept. _____

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Parent(s) or Guardian _____

Home Address _____

Phone Number _____ E-mail address _____

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Is there any health-related information our staff should know about your children?

If you are unavailable, who can we contact in an emergency?

Person to call _____ Phone Number _____

Child's Physician _____ Phone number _____

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I will support the Sunday School program by:

- _____ Assisting in a class
- _____ Baking for the Bake Sales
- _____ Donating toys for the Used Toy Sale
- _____ Help get children into costumes on Role-Play Sunday
- _____ Assisting with arts and crafts
- _____ Shopping for Sunday School supplies