



Faith Formation REGISTRATION

2018-2019 For Ages: 4 year olds - 9th Grade

(1) First Name	Middle	Last
____/____/____	_____	_____
Birth Date	Age	Class/Grade

SPECIAL NEEDS – FOOD ALLERGIES/RESTRICTIONS

(2) First Name	Middle	Last
____/____/____	_____	_____
Birth Date	Age	Class/Grade

SPECIAL NEEDS – FOOD ALLERGIES/RESTRICTIONS

(3) First Name	Middle	Last
____/____/____	_____	_____
Birth Date	Age	Class/Grade

SPECIAL NEEDS – FOOD ALLERGIES/RESTRICTIONS

PARENT/GUARDIAN INFORMATION (PLEASE PRINT):

Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Best contact # during class _____

Email _____

Emergency Contact Name: _____ Relationship to Child _____ Phone _____

In addition to those listed above my child may also be released to: _____

I/We give permission to my child to participate in St. John activities. I/We understand that staff and volunteers are working in the best interest of the children and agree to hold blameless, St. John, staff, and volunteers from any claim whatsoever.

I/We also give permission for photographs or videos of my child to be used by St. John for promotion of the church and its ministries via print or other media. (Children's names will never be attached to photos.)

Parent Signature: _____