



Faith Formation REGISTRATION

2019-2020 For Ages: 4 year olds - 8th Grade

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

SPECIAL NEEDS – FOOD ALLERGIES/RESTRICTIONS

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

SPECIAL NEEDS – FOOD ALLERGIES/RESTRICTIONS

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

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: _____