



# Faith Formation REGISTRATION

2020-2021 For Ages: 3 year old - 8<sup>th</sup> 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

**Please check all that apply:**

We plan to be part of: \_\_\_\_\_ in person class \_\_\_\_\_ virtual learning \_\_\_ in home family education

**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 for the children listed above 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: \_\_\_\_\_