



Faith Formation REGISTRATION

2023-2024 For Ages: 3 year old - 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

Please check all that apply:

I will help my child(ren) grow in faith by: ____ helping teach class ____ bringing them to church ____ praying with them at home

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: _____