



Faith Formation REGISTRATION

2024-2025 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

Faith Formation is a joint effort between home and church. We need your help to offer a quality program.

Please volunteer in one of more areas below.

I will help my child(ren) grow in faith by: Helping during class Substitute teacher Keep SS supply room stocked and neat Organize activities during Christmas Program rehearsals Organize Egg hunt April 2025 Organize the Sunday School soup Supper (April 2, 2025) Worship with them at church Pray 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: _____ (please sign page 2)

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: _____