St. John's Lutheran Church
Sunday Morning Christian Education
Registration Form

Classes are held September– May

(please complete one form per family—return to Sonya Sowards)

Last Name:_____ Best phone number for family:_____

Address:_____

Best email for family:_____

Best way to contact your family: □ email (default) □ text to _____
□ U.S. mail □ telephone call to _____

Do you give permission for St. John's to take and use photographs of you and your children for our website, Facebook page and/or other publications? □ Yes □ No □ Yes, with stipulations:_____

Adults*:*

Name	Cell phone	Email	During the Christian Ed hour I would like to:
			☐ Help with children's program ☐ Join the following adult group _____
			☐ Help with children's program ☐ Join the following adult group _____
			☐ Help with children's program ☐ Join the following adult group _____

Children:

Name	Gender	Birth date	Grade & school	Medical concerns/allergies