



# Christian Formation Registration

## St. John's Episcopal Church

*We are gathered to celebrate God's gifts and sent to respond to the needs of the world.*

### 1. Child(ren) Information



\_\_\_\_\_  
FULL NAME OF CHILD #1



\_\_\_\_\_  
AGE



\_\_\_\_\_  
GRADE



\_\_\_\_\_  
BIRTHDATE



\_\_\_\_\_  
FULL NAME OF CHILD #2



\_\_\_\_\_  
AGE



\_\_\_\_\_  
GRADE



\_\_\_\_\_  
BIRTHDATE



\_\_\_\_\_  
FULL NAME OF CHILD #3



\_\_\_\_\_  
AGE



\_\_\_\_\_  
GRADE



\_\_\_\_\_  
BIRTHDATE

### 2. Parent/Guardian Information



\_\_\_\_\_  
PARENT/GUARDIAN NAMES



\_\_\_\_\_  
EMAIL



\_\_\_\_\_  
CELL PHONE



\_\_\_\_\_  
DATE

**3. Would you be willing to be on a team to plan outreach activities for families?**    yes    no

**4. Are there other talents or activities you be willing to help with?**

**5. Please list any allergies, medications, or learning issues here or on the back of this sheet.**

### 6. Parental Consents

I give full permission for my child to engage in the various activities sponsored by St. John's Episcopal Church for its Christian Education program, including, but not limited to, the nursery, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with St. John's Christian Formation.

**Parent's Signature:**

\_\_\_\_\_

**7. Please initial these statements if applicable:**

I give permission for photos and/or video taken of my child to be used for church-related publicity.

**Parent's Initials:** \_\_\_\_\_

I give permission to the leaders at St. John's to secure emergency medical or surgical treatment for my child and to secure routine medical care as needed if I am not present and there is insufficient time to contact me.

**Parent's Initials:** \_\_\_\_\_

**Allergies, medications, or learning issues:**



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NAME OF CHILD



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COMMENTS

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NAME OF CHILD



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COMMENTS

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NAME OF CHILD



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COMMENTS

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