

St. John Lutheran Church of Ocean City, NJ
Sunday School Registration



Name _____

Birth Date _____ Age _____ Grade _____

Name _____

Birth Date _____ Age _____ Grade _____

Name _____

Birth Date _____ Age _____ Grade _____

Name _____

Birth Date _____ Age _____ Grade _____

Name _____

Birth Date _____ Age _____ Grade _____

Parents Contact Info: _____

Name

Cell Phone

Email

Name

Cell Phone

Email

Address _____

_____ Home Phone _____

EMERGENCY CONTACT (other than parents) who may pick up child

Name _____

Name

Cell Phone

Relationship

Name _____

Name

Cell Phone

Relationship

Allergies/Medical conditions or other concerns _____

Does your child/children have an Epi-pen ? ____ Yes ____ No If yes, name: _____

Is there anything you would like us to know about your child/children? Please use other side if needed.

If I am not available and a medical emergency arises, the supervising teacher has my permission to seek medical help at _____

**I give permission to take my child's picture for classroom projects
and/or church website** ____ Yes ____ No