



St. James Episcopal Church

Sunday School Registration Form

Child #1 Information			
Child/Youth Name: (Last, First, MI)			
Birthdate: (mm/dd/yyyy)		Age:	Gender: (M/F)
Current Academic School Grade:			
Anticipated Date of Graduation:			
Other/Notes:			
Child #2 Information			
Child/Youth Name: (Last, First, MI)			
Birthdate: (mm/dd/yyyy)		Age:	Gender: (M/F)
Current Academic School Grade:			
Anticipated Date of Graduation:			
Other/Notes:			
Child #3 Information			
Child/Youth Name: (Last, First, MI)			
Birthdate: (mm/dd/yyyy)		Age:	Gender: (M/F)
Current Academic School Grade:			
Anticipated Date of Graduation:			
Other/Notes:			
Parent/Guardian Information			
Mother's Name: (Last, First)		Phone:	Email:
Father's Name: (Last, First)		Phone:	Email:
Guardian's Name: (Last, First)		Phone:	Email:
Home Address Information			
Street Address:			
City:	State:	Zip:	
Home Phone:			

Emergency Contact Information

Name: (Last, First)	Phone:	Email:
Name: (Last, First)	Phone:	Email:

Medical Information

Please list any special medical condition or allergies that we should know about, including any foods or food ingredients.

Child 1: _____

Child 2: _____

Child 3: _____

Information about Special Learning Needs

Does your child/children have any special learning needs that we should know about?

Child 1: _____

Child 2: _____

Child 3: _____

Please help us make our Sunday School Work!
(Check all that you would like to help out as.)
Thank you!!!

	Teacher
	Nursery
	Sunday School Helper
	Sunday School Hospitality
	One Room Schoolhouse
	Other:

Special Permission Request

	<i>By checking this box, I give permission for my child/children to be photographed or videotaped for use in newspapers (name only), television, or on the Church Website.</i>
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