

Sunday School Registration 2017-2018



Child/Children's Name(s)	Birth Date	Male/ Female	Current Age	Grade in Fall 2017	Preferred Session

School District _____

Parent/Guardian Information

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ St. James Member: YES NO

Preferred contact method(s): *Circle top 2*

Mail Home Phone Cell Email : _____

Additional Parent/Guardian Information

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ St. James Member: YES NO

Preferred contact method(s): *Circle top 2*

Mail Home Phone Cell Email : _____

Please turn over to complete. →

Emergency Contacts & Information

1. Name: _____ Phone: _____ Relation to Child/ren: _____
2. Name: _____ Phone: _____ Relation to Child/ren: _____
3. Name: _____ Phone: _____ Relation to Child/ren: _____

Please list any allergies, medical information or anything else you would like us to know about your child/ren. If more than one child, please include names. _____

In order to keep our Sunday School program running with low tuition costs, we rely on amazing volunteers to teach our youth and participate in our Sunday School program. There are many opportunities for parents to become involved and we encourage all parents to participate in at least one of the following areas (Please check the areas you have interest in):

- | | |
|--|--|
| _____ Full-time teacher (every week) | _____ Kick-Off Leader (1-2 times/month) |
| _____ Part-time teacher (every other week) | _____ Event Planner or helper |
| _____ Assistant teacher /classroom helper | _____ Donate items for events (food, supplies, décor, etc) |
| _____ Substitute teacher | _____ Other (please indicate) _____ |

Please indicate your name and the best way to reach you: _____

Permissions

My child/ren has/have permission to participate in all St. James Sunday School activities, during the 2017-18 program year.
Additionally, I give my permission for St. James to use my child's unidentified photo in all media.

Signed _____ Date _____

Payment (\$15 per child/max \$30 per family)

- Check
 Cash
 Scholarship Needed

***Please return form by September 3rd.** You can bring your form and payment to our in-person registration in the Narthex after the 9:00 am services on 8/27 or 9/3. Forms can also be mailed or dropped off in the main office.

Questions?

Please contact Holly Parker at 845-6922 or hparker@stjamesverona.org