

St. James Sunday School Registration Form

Child Information

Name: _____ Date of Birth _____ Grade _____
 Baptismal Date _____ Attends: St. James School Public School

Parent/Guardian Information

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
St. James Member <input type="checkbox"/> Non-Member <input type="checkbox"/>	St. James Member <input type="checkbox"/> Non-Member <input type="checkbox"/>
Method of Contact: Text <input type="checkbox"/> Email <input type="checkbox"/>	Method of Contact: Text <input type="checkbox"/> Email <input type="checkbox"/>

Family Status: Two-Parent Widowed Divorced Other _____

Please list any special family circumstances: _____

Special medical condition(s) or allergies that we should be aware of? _____

Who may pick up your child from Sunday School? _____

During Sunday School, parents can be reached at: Church Bible Study Home Cell

Emergency Contact Person(s): _____ Phone: _____
 _____ Phone: _____

Authorization and Signature

I authorize my child's appearance in any film and/or photography used for St. James Lutheran Church video or media production: YES NO

Signature: _____ Date: _____

Parent Volunteering Opportunities (please mark at least one area you could help with this year.)

I Am Interested In. . . .	3 Year Old	4 Year Old	Kinder-garten	1st Grade	2nd Grade	3rd Grade	4th Grade	5th/6th Grade
Volunteering to be a Sunday School Teacher, Helper, or Substitute Teacher.								
Volunteering on Sunday morning in the Sunday School office.								
Contributing to the Christmas Service Treat Bags								
Helping with the Easter Eggstravaganza								