

**SUNDAY SCHOOL REGISTRATION  
2011-2012**

St. John's Lutheran Church  
501 Chestnut Street  
Emmaus, PA 18049  
601-965-9885  
www.stjohnsemmaus.org  
info@stjohnsemmaus.org

**Please complete 1 form for each child.**

• **Current Age / Grade (Fall 2011):**

_____ Age 3 (Preschool)	_____ Grade 3	_____ Grade 8
_____ Age 4 (Preschool)	_____ Grade 4	_____ Grade 9
_____ Age 5 (Preschool)	_____ Grade 5	_____ Grade 10
_____ Kindergarten	_____ Grade 6	_____ Grade 11
_____ Grade 1	_____ Grade 7	_____ Grade 12
_____ Grade 2		

• **Name of student:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number for parent during Sunday School: \_\_\_\_\_

• **Parent Support:**

Our ability to provide a successful Sunday School program depends on our volunteers. Most of the classrooms are staffed with 2 or 3 teachers so that there is opportunity for teachers to schedule a week where they have no classroom responsibility. Parents who volunteers as Sunday School Teachers, or attend Sunday School themselves, set an excellent example for their children about the importance of being lifelong Christian learners. Please consider volunteering to help in one of our classrooms.

\_\_\_\_\_ Yes! I would like to volunteer to serve on St. John's Sunday School staff.

Name \_\_\_\_\_

**- RETURNING STUDENTS -**

\*\*\*Please list only the CHANGES since September 2010 to the following information.

**If none of the information has changed, you DO NOT need to continue.**

**- NEW STUDENTS -**

**Please continue to complete registration form.**

• **Baptism information:**

Date of baptism: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Place of baptism: \_\_\_\_\_ St. John Lutheran, Emmaus \_\_\_\_\_ Other

*If you checked "other," please complete the following information about place of baptism:*

Name of church: \_\_\_\_\_

Denomination: (IE Baptist, Lutheran, etc.) \_\_\_\_\_

City and state where church is located: \_\_\_\_\_

*If your child has not been baptized*, do you wish to speak to Pastor about baptizing your child?

\_\_\_\_\_ yes      \_\_\_\_\_ no

• **Student information**

Street address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

• **Parent information**

**Father's name:** \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Phone number (if different from student): \_\_\_\_\_

Church membership: \_\_\_ St. John's \_\_\_ None \_\_\_ Other (please list) \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Phone number (if different from student): \_\_\_\_\_

Church membership: \_\_\_ St. John's \_\_\_ None \_\_\_ Other (please list) \_\_\_\_\_

**Other parent name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Phone number (if different from student): \_\_\_\_\_

Church membership: \_\_\_ St. John's \_\_\_ None \_\_\_ Other (please list) \_\_\_\_\_

• **Medical information:**

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

• **Other important information or changes in family situation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• **Siblings**

Please list student's siblings born since September 2010:

\_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Date of birth: \_\_\_\_\_