



# ST. JOHN'S

LUTHERAN † CHURCH

501 Chestnut Street  
 Emmaus, PA 18049  
 Phone: 610-965-9885  
 Fax: 610-965-6065  
 www.stjohnsemmaus.org

E-mail: info@stjohnsemmaus.org

## SUNDAY SCHOOL REGISTRATION

2013/2014

(Please complete one form for EACH child. Thank you!)

### STUDENT NAME

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

### DATE OF BIRTH

\_\_\_\_\_  
 Month Day Year

AGE \_\_\_\_\_ SCHOOL GRADE (Fall 2013) \_\_\_\_\_

### Emergency Contact Information for Parent(s) during Sunday School:

\_\_\_\_\_  
 Mother Father Other

### Parent Support

Our ability to provide a successful Sunday School program depends on our volunteers. Parents who volunteer as Sunday School teachers or are active in worship and church activities set an excellent example for their children as lifelong Christian learners and leaders. Please consider volunteering in one of our classrooms or as a senior high school mentor.

\_\_\_\_\_ Yes, I would like to be contacted about Sunday School volunteer opportunities!

Name: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

### - RETURNING STUDENTS -

Please list **only the CHANGES in information** on page 2 since September 2012. **IF NONE OF THIS INFORMATION HAS CHANGED YOU DO NOT NEED TO CONTINUE.**

### - NEW STUDENTS -

Please complete the next page. Thank you!

**Continued →**

## STUDENT BAPTISM INFORMATION

Date of baptism: \_\_\_\_\_ Place of baptism: (check one) St. John's \_\_\_\_ Other \_\_\_\_

***If you checked OTHER, please complete the following.***

Church Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Denomination: \_\_\_\_\_

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

(Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

### STUDENT INFORMATION

**Student Address:**

Street \_\_\_\_\_ City, State and Zip \_\_\_\_\_

**Student Phone Number(s):** Home \_\_\_\_\_ Cell (if applicable) \_\_\_\_\_

**Student E-mail** (if applicable): \_\_\_\_\_

**SIBLINGS:**

<b>Name</b>		<b>Date of birth</b>	
<b>Name</b>		<b>Date of birth</b>	
<b>Name</b>		<b>Date of birth</b>	
<b>Name</b>		<b>Date of birth</b>	

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

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

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

### PARENT INFORMATION

* If different from student	Parent 1: (List relationship to student)	Parent 2: (List relationship to student)
Name		
Address *		
City, State, Zip *		
Home Phone *		
Cell Phone *		
Church membership	_____ St. John's      _____ None _____ Other (please list):	_____ St. John's      _____ None _____ Other (please list):