

**Sunday School Registration  
2008-2009**

**Name of Parent/Guardian:**

- 1.
- 2.

**Children/Youth  
Name**

**Age**

**Grade**

- 1.
- 2.
- 3.
- 4.

**Contact Information parent/guardian:**

Home:

Cell:

E-mail:

**Contact Information Children/Youth:**

Home:

Cell:

E-mail:

Please list any allergies:

**Please tell us anything else that would be helpful to know about your children. Use the back if necessary or email Bill at [bill@stjohns-mpls.org](mailto:bill@stjohns-mpls.org).**