

## St. John United Church of Christ, Manchester Sunday School Enrollment Form Year: 2023/24

Parent (s) Name:		_
Address:		_
City and Zip:		_
Home Phone:	Phone other:	_
Email address:		_
Person bringing child(ren) to church and ad	ctivities (if other than parent):	
(Name)	(Relationship) (Phone)	_
1st Child's Name	Date of Birth:	
1 <sup>st</sup> Child's Name:School & Grade for 2023/24:		-
Interests; Allergies/Medications; Special ne	eeds:	<u> </u>
2 <sup>nd</sup> Child's Name:	Date of Birth:	_
School & Grade for 2023/24:		_
Interests; Allergies/Medications; Special ne	eeds:	_
3 <sup>rd</sup> Child's Name:	Date of Birth:	_
School & Grade for 2023/24:		_
	eeds:	_
Emergency Contact:		_
Emergency Contact:(Name)	(Relationship) (Phone)	-
(Name)	(relationship) (r hone)	
Candid photos will be a part of Sunday School events and may be published in church media, although names of those pictured will not be included. <i>Please sign your name below as consent for your child(ren)'s photos to appear.</i>		
Parent(s) /	Guardian(s) Signature	
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