

# St. John's Church School Registration Form 2010-2011

LAST NAME	PARENTS' NAMES	PHONE NUMBER
ADDRESS		EMAIL ADDRESS

NAME OF CHILD(REN)	AGE	BIRTHDAY	GRADE	ALLERGIES?	BAPTIZED
_____	_____	_____	_____	_____	Y__ N__
_____	_____	_____	_____	_____	Y__ N__
_____	_____	_____	_____	_____	Y__ N__
_____	_____	_____	_____	_____	Y__ N__

(Additional children can be added on the back of this form.)

I would like to receive the supplemental Talkabout to reinforce the church school lessons at home. Y\_\_ N\_\_

	Name(s)
My child would be interested in becoming a member of the youth group. (8 <sup>th</sup> grade or older)	Y__N__ _____
My child would be interested in becoming an acolyte. (4 <sup>th</sup> grade or older)	Y__N__ _____
My child would be interested in becoming a nursery volunteer. (4 <sup>th</sup> grade or older)	Y__N__ _____

I give permission for my child(ren) to be photographed while participating in church school activities.  
YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission for photos of my child(ren) to be posted on the St. John's website.  
YES \_\_\_\_\_ NO \_\_\_\_\_

I would be interested in teaching church school during the 2010-2011 school year.  
YES \_\_\_\_\_ NO \_\_\_\_\_

I would be interested in being a teaching assistant during the 2010-2011 school year.  
YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE	DATE
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The Episcopal Church welcomes all persons baptized in the Name of the Father, the Son and the Holy Spirit, to receive Holy Communion. If you are joining us from another Christian tradition and would like our assistance in introducing your child to communion, please check here. ( )

Please mail to: St. John's Episcopal Church, P.O. Box 287, Franklin, MA, 02038  
Church Office: 508-528-2387

Or fax to: 508-528-9072  
Director: Tracey Trombert