

**ST JOHN THE EVANGELIST CHRISTIAN EDUCATION  
REGISTRATION FORM - School Year 2011/2012**

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Tell us anything special about your child that you would like us to know - Allergies, medical condition, etc.

**In case we are unable to reach a parent,** please leave us an additional person to contact for emergency purposes:

Name \_\_\_\_\_ Cell & Home Phone \_\_\_\_\_

**In the event of an emergency and you are unable to reach me, I give my permission to contact the proper emergency services for treatment of my child.** Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DONATIONS WELCOME - BUT NOT REQUIRED!!**

*Suggested Donation:* \$30.00/one child; \$40.00/two children; \$50.00/ three or more

**Please bring back to St. John's Church. Or, you may fax or mail back to:  
St. John's Episcopal Church, 312 E. 11<sup>th</sup> St., Lockport, IL 60441. (Fax) 815-834-1168**

**In Order to provide a variety of activities, many hands are needed! This year, we are asking for your assistance in different areas of our children's experience at St. John's. Please check off any events you may be interested in assisting in! Thank You in advance!**

Church School Aide

December Cookie Sale

Valentine's Bake Sale

Crafting New Atrium Materials

Last Supper Re-enactment

Easter Egg Hunt

Notes: