

**St. John's Evangelical Lutheran
Church & School**

400 S Main St., Juneau, WI
School 920.386.4644 // Church 920.386.3313
www.stjohnsjuneau.org

**Sunday School
2018- 2019**

Last Name: _____

Parents / Guardian Names (First & Last) _____

Address: (Street, City, Zip) _____

Phone Number: Cell _____ **Home** _____

Willing to receive texting reminders i.e. singing dates, cancelation of S.S. or other: Circle below

Messaging rates may apply depending on your provider plan. You can opt out at any time.

Circle: Yes or No

Emergency Contact: (Name and Number) _____

Other Names of those authorized for pick up: _____

Known Allergies _____

Other Important info you want us to know: _____

<i>Children Attending</i>	<i>Age</i>	<i>Grade</i>	<i>School Attending</i>	<i>Participate in STJ Christmas Program</i>

_____ I hereby give permission for my child(ren) to be photographed for photos to be used for various publications, website, facebook, etc.

Parent Signature: _____

Date: _____