

Kindergarten through 6th Grade Student Information

First Name _____ Middle Name _____

Last Name _____ Preferred Name _____

Street Address _____

City _____ Zip _____

Student Email _____ Mobile Phone _____

Permission to receive texts Yes No

(Note: youth will not be sent any email or text that is not also sent to at least one other adult.)

Date of Birth _____ Date of Baptism (if known) _____

Place of Baptism _____

School Student Attends _____ Grade _____

Medical Conditions, Allergies or Dietary Restrictions _____

Those authorized to pick up your child from Sunday School activities _____

Parent Information

Mother's Name _____

Mobile Phone _____ Email _____

Father's Name _____

Mobile Phone _____ Email _____

Parents: Please check any of the following statements that apply to you. Thank you for your assistance.

- I would be willing to provide snacks for Sunday morning.
- I would be willing to provide transportation for youth events.
- I would be willing to chaperone or assist at an event.

Parents: Photos and videos may be taken of your youth while participating in St. John group activities and may appear in church publications, the church website, social media, and/or group participants.

- I give my permission.
- I do NOT give permission.

Parent Signature

Is there anything else that would be helpful for Pastor Elise or other youth leaders to know as we help your youth follow Jesus?