

Today's Date _____

Last Name _____

St. John's Sunday School Registration 2007-2008

Please return to: St. John's Episcopal Church 1419 Pine St. Boulder, CO 80302 Attn: C. Ode

Important notes: Parents are asked to choose at least one Sunday during the year to assist in their children's classes. ALL PARENTS, please complete and return the *Children's Ministries Volunteer Form* attached.

Contact Cathy Ode, Director of Children's Ministries, with any questions or concerns:
303-442-5246, ext. 107 or cathyode@gmail.com

| CHILD'S NAME | DATE OF BIRTH (At least age 3 by Sept. 30) | GRADE IN SCHOOL '07-'08 (Age 3-9: add "Cat" or "LGN" next to grade)* |
|--------------|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*St. John's has two curriculum options for children ages 3-9: **Catechesis of the Good Shepherd ("Cat")** or **Living the Good News ("LGN")**. For details about which program best suits your child, contact Cathy Ode or read about Christian education options on the St. John's website: www.stjohnsboulder.org.

***NOTE: IF CHILD LIVES IN TWO DIFFERENT HOUSEHOLDS,
PLEASE ADD SECOND HOUSEHOLD INFO ON OTHER SIDE OF THIS PAGE.***

PARENT/GUARDIAN NAME(S): _____

St. John's member? Yes

No "I would like information about joining St. John's Episcopal Church."

HOME ADDRESS: _____
Street Address

City State Zip Code

HOME #: _____ CELL #: _____ Email _____
(Area Code) Number (Area Code) Number (Used only by St. John's staff)

Choristers, St. John's Children's Choir for Kindergarten through 5th graders, meets on Wednesdays, 5:00-6:00 p.m., during the school year. Choristers is directed by Tom Morgan, who also directs our adult choir.

"I would like my children to participate in Choristers."

(OVER)

What do you hope your children will gain from Sunday School ?

Is there anything we should know to help us ensure the best possible Sunday school experience for your child? This information will be kept confidential. *(Please include any learning disabilities, physical limitations, allergies, or relevant custody arrangements.)*

"I give permission for the above named child(ren) to participate in St. John's Sunday School program. I understand that I am required to remain on the St. John's campus while my children attend Sunday School."

Parent/Guardian Signature

Date

Occasionally we photograph children at St. John's and use the photos, without identifying children by name, in St. John's publications or on our website. Please indicate below:

_____ ***Yes. You may use photographs of my child(ren) in publications or on the website.***

_____ ***No. Please do not use photographs of my child(ren).***

Parent/Guardian Signature

Date

*** * * * ***

If children divide time between two households, please complete:

PARENT'S /GUARDIAN NAME: _____ ***St. John's member? Yes No***

Street Address _____ City _____ State _____ Zip Code _____

HOME PHONE: _____

CELL PHONE: _____

_____ ***Please send information about St. John's Children's Ministries (newsletters, etc.) to the other parent.***

OFFICE USE ONLY

DATE RECEIVED: _____ RESPONSE SENT: _____ ENTERED IN SYSTEM _____