

CHILDREN OF GOD REGISTRATION
ST JOHN'S 2025-2026

FAMILY NAME _____

FATHER/GUARDIAN NAME _____

MOTHER/GUARDIAN NAME _____

ADDRESS _____

PHONE # _____ EMAIL _____

CELL # _____ CAN YOU RECEIVE TEXT MSGS YES or NO
(circle one)

Child's Name	Birthdate	Grade	Parish baptized at and date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comments: _____

Food allergy concerns: _____

Behavior concerns: _____

Media Release: Do we have your permission to take your child(rens) picture during the year for display in the hallway, bulletin, website, etc. of different activities that they are involved in? ____ Yes ____ No

Please return registration by Friday, September 19, 2025

(There is no registration fee for this program)