

St. John on the Mountain

Sunday School 2023-2024

Family Enrollment Form

Family Name:		Parents' Names:		
Street Address:		City:	State:	Zip:
Home Phone:		Cell Phone:	Email Address:	
Child #1:	Birth date:	Date, place and denomination of Baptism	School and grade:	Allergies
Child #2:	Birth date:	Date, place and denomination of Baptism	School and grade:	Allergies
Child #3:	Birth date:	Date, place and denomination of Baptism	School and grade:	Allergies
Child #4:	Birth date:	Date, place and denomination of Baptism	School and grade:	Allergies
Child #5:	Birth date:	Date, place and denomination of Baptism	School and grade:	Allergies
Child #6:	Birth date:	Date, place and denomination of Baptism	School and grade:	Allergies

CONSENT STATEMENT

I give my permission for SJOTM to use any picture in which my child appears:

- in print
- on its website/Facebook page
- decline

Signature of Parent/Guardian: _____ Date: _____