

St. John’s Early Childhood Ministries Registration

**PLEASE PRINT CLEARLY AND FILL IN ALL BOXES COMPLETELY.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILD’S FIRST NAME | MIDDLE | | | | LAST | | | SEX |
| M F |
| ADDRESS | | | CITY, STATE | | | | ZIP | |
| HOME PHONE | | DATE OF BIRTH | | BAPTIZED? | | IF YES, WHEN? | | |
| ( ) | | / / | | YES NO | | / / | | |
| ALLERGIES/MEDICAL CONDITIONS | | | | | | | | |

Other children in your household

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD’S NAME | DATE OF BIRTH | BAPTIZED? | ALLERGIES |
| CHILD’S NAME | DATE OF BIRTH | BAPTIZED? | ALLERGIES |

Parents/Guardians

|  |  |  |
| --- | --- | --- |
| MOTHER/GUARDIAN NAME | CELL PHONE | MARITAL STATUS  🞎 SINGLE  🞎 MARRIED  🞎 DIVORCED  🞎 SEPARATED  🞎 WIDOWED |
| EMAIL ADDRESS | |
| FATHER/GUARDIAN NAME | CELL PHONE |
| EMAIL ADDRESS | |

Emergency Contact (other than parents)

|  |  |  |
| --- | --- | --- |
| NAME | RELATION TO CHILD | PHONE |

Please list any other **adults** who are authorized to pick your up child. ID may be required at time of pick up.

**Children will NOT be released to minors**.

|  |  |
| --- | --- |
| NAME | RELATION TO CHILD |
| NAME | RELATION TO CHILD  OFFICE USE ONLY  🞎 Mom’sLife:\_\_\_\_\_\_\_\_  🞎 1st Time visitor: \_\_\_\_\_\_  🞎 Special: \_\_\_\_\_\_\_ |

🞎 Completed Family Participation form, All forms may be found @ <http://www.stjohnsorange.org/ministries/children/>

Please list any additional information you may want to communicate with St. John’s Staff:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

For more information please contact Irma Bates at (714) 288-4490 or [ibates@stjohnsorange.org](mailto:ibates@stjohnsorange.org)

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##### St. John’s Lutheran Church 154 South Shaffer Street, Orange, CA 92866 (714) 288-4400