

2018-2019

Registration Form for Sunday School

at

St. John's Episcopal Church  
8 Sunnyside Avenue  
Pleasantville, NY 10570  
(914) 769-0053  
office@stjohnspleasantville.com  
[www.stjohnspleasantville.org](http://www.stjohnspleasantville.org)

FULL NAME of Student: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parents' Contact info:

Email addresses: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phones: \_\_\_\_\_

\_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

\_\_\_\_\_

Please list any food allergies or medical concerns that we need to know about:

\_\_\_\_\_