

**St. John's Lutheran Church – Sunday School Sleepover
Registration and Permission Form
Friday, April 16, 2010**

Parent(s)' Name(s):
Address:
Phone Number:

Child's Name:
Child's Birthdate and Grade Entering:
Allergies:
Other Information:

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Other Information:

Emergency Contact Person:
Phone Number:
Relationship to Child(ren):

****Please bring an overnight bag (including clothing and toiletries), a sleeping bag and a pillow.****

My child has permission to attend and have fun at the St. John's Sunday School Sleepover. The evening begins at 7:00pm and will include games, a musical craft, a movie and a snack. Breakfast will be provided in the morning and I will pick up my child at or before 8:00am on Saturday, April 17.

Parent Signature: _____ Date: _____

Please indicate below whether you will be participating in the evening by leading or helping with an activity or spending the night. If you are able to participate, we'd love to have you!