



ST. JOHN LUTHERAN CHURCH

104 Central Ave North
Mapleton MN, 56065

Phone: 507-524-3615

Email: stjohndlutheran.mapletonmn@gmail.com



Parents Name: _____

Address: _____

Phone Number (required): _____

Email (required): _____

Students Name: _____

Age: _____ Grade: _____ DOB: _____

Allergies/Concerns: _____

Students Name: _____

Age: _____ Grade: _____ DOB: _____

Allergies/Concerns: _____

Students Name: _____

Age: _____ Grade: _____ DOB: _____

Allergies/Concerns: _____

Contact Name: _____

Contact Phone #: _____

I understand that during the course of the year, photos may be taken to help us remember the events of the year. I give permission for my child's photo to be used in church publications.

Signature of Parent/Guardian

Date