

ST. JOHN'S CATHEDRAL
(Junior Church) (8-11 Years old)
Confidential when completed

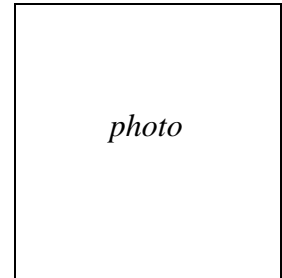
I wish to register my child at St. John's Cathedral Sunday School. I understand that the classes are in English. (*Please use block letters to fill in the form*)

Name : _____

Date of Birth : _____ Age : _____

Address : _____

E-mail : _____ Tel : _____



	Father	Mother
Name		
Phone Number		

Do you play a musical instrument(s)? (YES / NO).

If "YES", please list each instrument type and grade level

Are you in the school choir or do you take singing classes? (YES / NO)

Please indicate if you are interested in joining the St. John's Music Team as an Instrument Player (YES / NO) and/or Singing Team (YES / NO)?

**** Please give us any further information which you think we should know about. For example, if there have been any significant events, special family circumstances, or are there medical conditions such as asthma, allergies etc. This information will be kept confidential.**

ST. JOHN'S CATHEDRAL
SUNDAY SCHOOL (Primary)

Confidential when completed

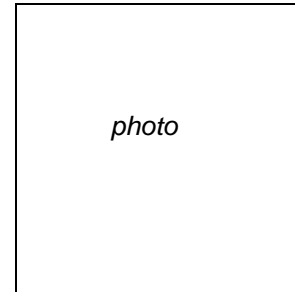
I wish to register my child at St. John's Cathedral Sunday School. I understand that the classes are in English. **I should stay in the same group for the whole school year.**
(Please use block letters to fill in the form)

Name : _____ Date of Birth : _____

(Please tick the appropriate sections)

Age : 2.5 -3 years old 5 years old

4 years old 6-7 years old



Address : _____

E-mail : _____ Tel : _____

	Father	Mother
Name		
Phone Number		

Do you play a musical instrument(s)? (YES / NO).

If "YES", please list each instrument type and grade level

Are you in the school choir or do you take singing classes? (YES / NO)

Please indicate if you are interested in joining the St. John's Music Team as an Instrument Player (YES / NO) and/or Singing Team (YES / NO)?

**** Parent(s) has/have to pick up your child/children to receive the Holy Communion /Blessing at 9:50am in Fanny Li Hall .**

**** Please give us any further information which you think we should know about.**

ST. JOHN'S CATHEDRAL
SUNDAY SCHOOL (Discoverers)

Confidential when completed

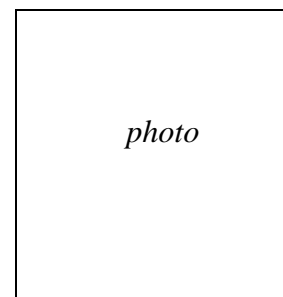
I wish to register my child at St. John's Cathedral Sunday School. I understand that the classes are in English. *(Please use block letters to fill in the form)*

Name : _____

Date of Birth : _____ Age : _____

Address : _____

E-mail : _____ Tel : _____



	Father	Mother
Name		
Phone Number		

Do you play a musical instrument(s)? (YES / NO).

If "YES", please list each instrument type and grade level

Are you in the school choir or do you take singing classes? (YES / NO)

Please indicate if you are interested in joining the St. John's Music Team as an Instrument Player (YES / NO) and/or Singing Team (YES / NO)?

**** Please give us any further information which you think we should know about. For example, if there have been any significant events, special family circumstances, or are there medical conditions such as asthma, allergies etc. This information will be kept confidential.**
