

First Presbyterian Church Sunday School Program Registration Form

Child's Name _____

Street Address _____ City _____ Zip _____

Phone _____ Email _____ Birth Date _____ Age ____ Grade ____

Baptized? _____ Where? _____ When? _____

Parent(s) Name _____

I/We can volunteer for: **Child Care** **Teacher Sub** **Event Help**

Children's Choir **Children's Messages**

Non-Custodial Parent's Name _____

Address _____ Phone _____

Church Child's Parents Attend: Father _____ Mother _____

Brothers/sisters NOT Registered Here for Sunday School

Name _____ Age ____ Grade ____ Name _____ Age ____ Grade ____

Emergency Contact Information

Name _____ Phone _____ Relationship to Child _____

Please complete a separate Medical Consent and Permission Form (all information will be kept confidential)

Photo Release

During the Sunday School year, we will be taking photos and/or videos of the children doing various activities. We would like to use these in promoting our church and its programs. In order to do so we will need your permission.

I am the parent or guardian of _____. I hereby approve and consent to the use of his/her photo image, video image, and name to all departments of the Lockport First Presbyterian Church. These may be displayed in the church building, or used in the Lockport and Buffalo newspapers, promotional DVDs, the church's monthly newsletter (Lockport Presbyterian, LP), or any other venue.

Signature _____ Date _____

FOR RETURNING STUDENTS: INITIAL NEXT TO CURRENT YEAR IF INFORMATION HAS NOT CHANGED

2017	2018	2019	2020	2021
2022	2023	2024	2025	2026
2027	2028	2029	2030	2031
2032	2033	2034	2035	2036