

# SUNDAY SCHOOL REGISTRATION FORM

## 2019-2020 School Year

Student's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (for email mailing list)

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Allergies or other Medical Condition: \_\_\_\_\_

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### PHOTO RELEASE

During Sunday School we will be taking photos and/or videos of the children during various activities. These may be shown during Sunday School or Worship and/or future publications such as newspaper articles, on our website, on social media, and/or advertisements.

I am the parent or guardian of \_\_\_\_\_, the above named student. I hereby grant First Presbyterian Church permission to use his/her video image, photographed image, name, comments, and opinions expressed. I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein. I affirm that I have the legal right to issue such consent.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_