

SUNDAY SCHOOL REGISTRATION FORM

2018-2019 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: _____

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: _____