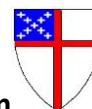




Grace Episcopal Church Sunday School Registration Form



2015-2016

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Please fill out a separate form for each child.

Name _____

Nickname _____

Address _____

Telephone _____

Email _____

Date of Birth _____

Grade in School _____

Parents' Names _____

Address (if different from child) _____

Telephone _____

Email Address _____

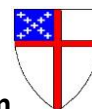
What are your child's special interests (drawing, singing, reading, sports, etc.)?

Does your child have any food allergies or other medical conditions that we should be aware of?

Can we give your child a snack? (please check one)

☐ yes ☐ no

Is there anything else about your child that we should know?



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PARENT SUPPORT

From time to time we will need help from parents with outreach programs and activities.

Are you willing to volunteer some time to help us? ____ Yes ____ No

PARENTAL RELEASE FORM I, the parent/guardian of this registered child hereby give permission for him/her to participate in Sunday School at Grace Episcopal Church. I consent to his/her participation in the activities planned for this event and certify that he/she is physically able to engage in the event. I hereby grant to the leader in charge of the group the right to make emergency medical decisions for my child in the event I cannot be reached. I understand I/we release and forever discharge Grace Episcopal Church, its staff and adult chaperones from any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury while participating in this event. I am at least 18 years of age, I understand the above statement and am competent and to execute this agreement. *

☐ Yes

Additionally, I understand that on occasion Grace Episcopal Church uses photos on its website or social media and/or for church-related publicity. I also understand that the church will not identify children by name. *

☐ I authorize the church to use photos that my child/ren appear in.

☐ I do not authorize the church to use photos that my child/ren appear in.

Signature: _____

PRINT NAME: _____

Date: _____

COST: \$25 for first child, \$10 each additional child, \$50 maximum per family.

Free if you volunteer in the Sunday School Program.

THANK YOU!