



# St. John's Episcopal Church



## CHURCH SCHOOL REGISTRATION 2018-2019

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Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

(C): \_\_\_\_\_

Email Address: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical/Other Conditions: \_\_\_\_\_

<input type="checkbox"/>	<b>I authorize</b> St. John's Episcopal Church, its officials & teachers to use and/or publish my child's photograph/image publicizing church events in which he/she has participated in. Publications may include, but are not limited to the newsletter, bulletin board, media releases, website etc. I understand that my child's name <u>will not</u> appear.
<input type="checkbox"/>	<b>I do not authorize</b> the use of my child's photograph/image in any church related publications, including, but not limited to those mentioned above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_