

**ST. CHRISTOPHER'S
SUNDAY SCHOOL REGISTRATION**

Name of Student: _____
Age: _____ Birth Date: _____ Grade: _____
Name of School you attend: _____
Allergies: _____
Baptized? Yes No

Parents Name: _____
Address: _____
Phone # Home: _____ Work: _____
 Cell: _____ Cell: _____
In case of emergency, notify: _____
Phone #: _____ Relationship: _____
E-mail: _____

Parents:
 I would be willing to help with:
 Storyteller: _____
 Classroom Teacher: _____
 Special Events: _____
 Other: _____

Picture Use Permission:
I give St. Christopher's Episcopal Church permission take and to include photos/videos of my child, _____, for promotional use, including but not limited to the church website, and informational brochures.

Parent/Guardian printed name

Parent/Guardian Signature