



Church School Registration

Date: _____

Parent's Initials _____

Church School is from September - June. Please complete one form for each child in the family

Name: _____

Date of birth: _____

Parents: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

Youth Email: _____

Name of School: _____

Known allergies or other medical conditions: _____

Anything else we should know? _____

Is child a chorister? yes no

Is child in cherub choir? yes no

Do you wish for St. Paul's to share photo of child? yes no

If yes, please sign the attached photo release form.

Please check if you plan to volunteer or host:

Church School

VBS

Summer Faith and the Arts

Family Potluck

For office use: G.P. I _____ G. P. II _____ G. P. III _____ Rite 13 _____ Confirmation _____ High Sch. _____



SAINT
PAUL'S
EPISCOPAL
CHURCH

Photo & Video Release

I hereby grant St. Paul's Church, Chestnut Hill, permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration.

I further give permission to St. Paul's Church, Chestnut Hill, to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I am eighteen (18) years of age and am competent to contract in my own name.

Signature

Date

Printed Name

If the person signing is under the age of eighteen (18), there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of _____,
and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature

Date

Print Name – Parent/Guardian