

St. Christopher's Episcopal Church
187 East Road, Hampstead, NH 03841
Sunday School Registration Form 2014-2015
Middle School Group

Child's First Name: _____

Child's Last Name: _____

Does your child prefer a nickname? _____

Is there anything you would like to share that would help us better understand specific needs of your child to enrich his/her time in Sunday School.

Telephone #: _____ **Cell #** _____

EMAIL Address: (parent) _____

Child's EMAIL: _____

Birth Date: _____

Age as of Sept. 1, 2014: _____

Grade in School as of Sept. 1, 2014: _____

Mother's Name: _____

Father's Name: _____

Sibling(s) Name/Age: _____

Would you be interested in helping out with any of the following:

Teacher (Yes or Not Available):

Teacher's Helper (Yes or Not Available):

Organize Activity or Project Volunteer (Yes or Not Available):
(One Week or One time)

Youth Media and photo release form

The undersigned participant does agree to grant to The Church named above permission to record on film, videotape, or audio tape, his or her participation at the Youth events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Church named above and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

Participant's Signature Date

Parent/Guardian's Signature Date