

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

Child's First Name: _____

Child's Last Name: _____

Does your child have any allergies (food, insects, other)? If yes, please specify.

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.

Street Address: _____

City, State, Zip Code: _____

Telephone #: _____

EMAIL Address: _____

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: _____

PLEASE CHOOSE ONE BELOW (THIS CAN BE JUST ONE WEEK) WE REALLY NEED YOUR HELP.

Teacher: _____ *Teacher's Helper:* _____ *Nursery PreK/K teacher or assistant:* _____

Note here what date would be good for you or your preference ex. once a month or one time this Sunday School year.

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