



Saint Mark's
EPISCOPAL CHURCH

St. Mark's Episcopal Church
Church School Registration Form
Fall 2018– Spring 2019

Please fill out one for each child!
Also please read and sign the reverse side.

Student's Full Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

School Currently Attending: _____ Grade: _____

Parent/Guardian: _____

Parent Email: _____

Parent Cell #: _____

Sibling's Names & Ages:

Other Information Including Any Allergies or Medical Concerns:

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A MINOR FOR NON-PROFIT USE

Name of minor – *please print clearly*

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video of the minor named above by St. Mark's Episcopal Church. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release St. Mark's Episcopal Church and its employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signatures of Parents/Guardians:

Printed names of Parents/Guardians

Date:_____

Date:_____

Address of Parents/Guardians:
