

Sunday School Registration 2009- 2010

Please complete one form listing all children and youth in your family. Return form to Cindy Merten's mailbox in the Main Office or to your child's shepherd/ teacher.

Family Name **Parent(s) / Guardian(s) Name(s)**

Street Address **E-mail**

City **Zip** **Phone Number** **Cell Phone**

Children and Youth (infants through high school)

First	Last	Birth Date mo/da/yr	Grade	Gender

Does your child/ youth have special needs or allergies?

Name	Needs or Allergies

RELEASE FORM FOR PHOTOGRAPHS & VIDEOS

At various times during the year, videos and photographs are produced for use in publicity and our web site. There will be no identification by name on the web site.

I give my permission for my son/daughter to be photographed and/ or recorded.

Parent(s) / Guardian(s) Signature