

Sunday School Registration

Childs name _____

Preferred name/nickname _____

Date of Birth _____

Current Grade in School _____

Parent/Guardian Name(s) _____

Emergency Phone # _____

Known allergies or sensitivities

Photo/Publicity Release Statement

I grant St. Paul's Episcopal Church of Leavenworth, Kansas permission to record photos, audio or video of my child's participation. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by St. Paul's Episcopal Church of Leavenworth, Kansas, and further that such use shall be without payment of fees, royalties, special credit, or compensation.

Parent/Guardian Name and Signature

Date