

Calvary Episcopal Church
Sunday School Registration 2010-2011 Program Year

Child's Name _____ age _____ grade _____
Address _____ phone _____
City _____ State _____ zip _____

Parent/Gaurdian Names _____ Phone _____
Cell Phone #1 _____ Cell phone #2 _____
Email address _____

Will you be attending Church Services while your child is in Sunday School? Yes No

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD,etc.) _____

I am available to help...

_____ As a substitute teacher _____ assist with holiday events
_____ With Youth Sunday _____ donating craft/art supplies

Comments _____

Permission

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Calvary Episcopal Church staff member or designated volunteer. The purposes of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Calvary Episcopal Church's Children's programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from September 2010 until June 2011.

Signature of Parent or Guardian _____ **Date** ____/____/____

I give permission for my child

To be photographed and videoed during church activities	Yes	No
Have their photograph or video displayed within our church	Yes	No
Appear in the Church newsletter, website and local press	Yes	No

Signature of Parent or Guardian _____ **Date** ____/____/____

Please contact the church office or Kelly McNerney regarding Sunday School.