

GRACE EPISCOPAL CHURCH

2017-2018 SUNDAY SCHOOL REGISTRATION

Name _____

Birthdate _____

School grade level _____

Medical conditions _____

Allergies _____

Other notes _____

“Will you be responsible for seeing that the child you present is brought up in the Christian faith and life? **I will, with God's help**”
(Book of Common Prayer, p. 302).

In recognition of our promises at baptism, I enroll this child in Grace Episcopal Church's Sunday School and will make an effort to bring them for Christian education as often as possible.

Parent signature _____

Parent name _____

Address _____

Phone _____

Email _____

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PHOTO/VIDEO RELEASE FORM

During the course of this year, our volunteers may take pictures or videos of your child having fun at church events. We would like to be able to feature these pictures and videos in our newsletters, website and other publicity. Please fill out the form below to give Grace Episcopal Church permission to use those images!

I hereby give permission for images of my child, captured during Grace Episcopal Church events in the 2017–2018 school year, through video, photo and digital camera, to be used solely for the purposes of Grace Episcopal Church and the Episcopal Diocese of New Hampshire promotional material and publications, and waive any rights of compensation or ownership thereto.

Participant Name (please print)

Age

Name of Parent or Guardian (please print)

Parent/Guardian's Signature:

Date

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