

Student Registration 2008 — 2009
St. David's Christian Formation Program
Pre-Kindergarten through 12th Grade

Parent(s)/Guardian _____

Address _____ N.J. _____

Cell Phone _____ Home Phone _____

Parent Email _____ Email _____

Child/Teen(s) Name _____

Child Name _____ Date of Birth _____ Grade this fall _____

Additional Information (Allergies, Special Instructions)

Photo Release

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear for St. David's Episcopal Church. I understand that these materials may be used for information on the website of the Christian Formation of St. David's which includes evangelism.

I release St. David's from any liability connected with the use of my child's picture or voice recording as part of any ongoing ministry.

Signed _____ Date: _____
(consented to by parent/guardian)