

2017-2018 St. David's Sunday School Enrollment Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 Lifelong Christian Formation Program 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: \_\_\_\_\_

Please bring completed forms on September 10th or you can leave in the Sunday School mailbox in the church office

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Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade as of Sept 2017: \_\_\_\_\_

Allergies/Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade as of Sept 2017: \_\_\_\_\_

Allergies/Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade as of Sept 2017: \_\_\_\_\_

Allergies/Special Instructions:

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