

St. Thomas United Church Sunday School Registration



DATE: _____

Please return completed form to your child's teacher or the Church Office

Parent Last Name					
Parent First Name					
Street Address					
Postal Code					
Home Phone #					
E-mail Address					
Child Name(s)	Birth Date			M/F	Grade (in Sept)
	Day	Month	Year		

Please explain if your child has health issues, allergies, or any learning/behavioural concerns that we should know about.

Our Sunday School Program Needs Help!!!

The Sunday School program runs from September until the end of June. It exists with the help of many volunteers. God has given us all gifts.

Please carefully consider how you can share your gifts by signing up for one of the volunteer positions on the form below or by volunteering for one.

Please circle most available months: Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May Jun.

Sunday School Needs	Time Commitment	Parent's Name(s)
Teach Sunday School	6 weeks over 3 - 4 months	
Collect Lesson Supplies	2 hours per month with a team	
Other skills eg. woodworking, crafty, play an instrument		
Co-lead an evening program		

copy with photo release form on back

St. Thomas United Church Photograph Release

As part of the programs at St. Thomas United Church, electronic and/or film images may be taken of you and your child or children. These images would be used for Worship Services, group activities such as crafts and as part of our promotional materials and our web site. St. Thomas United Church will not publish the name of your child or his or her personal information.

Note: Photographs of your children/wards may be taken, by other persons such as parents or guests who attend events and programs. Once the images are in the possession of persons outside of St. Thomas United Church, St. Thomas cannot be responsible for the way the images are used.

I _____, have read and understand that images of myself and/or my children/wards may be taken and recorded from time to time as part of the program in which I or he or she is participating. As parent/guardian and on behalf of my children/wards,

I give permission to St. Thomas United Church to take images of my child and to use these images in the above ways. I understand and agree that I, and on behalf of my children/wards, relinquish any and all property rights, including copyright, which I or my children/wards may have in these images. I agree that my children/wards and their parents/guardians will not receive any compensation for the use of the images.

Signature of Person Giving Permission:

Date:

Day Time Contact Number:
