

Sunday School Registration Form

GRADES 6 and under

Child's Name _____ Birthdate _____ Current Age _____
(dd /mm /yyyy)

Address _____ Postal Code _____

Child's Phone _____ Child's Email _____

Alberta Health Care Number _____ School (optional) _____

Grade (Circle): Preschool Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 5 Grade 6

Does the participant have any physical, cognitive, emotional, or behavioral limitations/challenges that would require assistance and/or modifications to the program to enable them to participate fully? ☐ Yes ☐ No

If yes, please state particulars: _____

Parent/Guardian's Names _____ Email _____

Address (if different than above) _____ Postal Code _____

Parent/Guardian Email _____

Primary Emergency Contact Phone _____ Secondary Emergency Contact Phone: _____

Alternate Contact (emergencies or if alternate person will be bringing Sunday mornings)

Name _____ Relationship _____

Address _____

Phone 1) _____ 2) _____

Please ensure that you have received and read the Note to Parents/Guardians in this Registration Package. _____
(initial)

PERMISSION FORM

I _____ the *parent/legal guardian* of _____ give my permission for my child to participate in those activities that are part of the St. Thomas United Church Sunday School programming. Furthermore, I agree that the above information is correct to the best of my knowledge.

Signature of *parent/legal guardian* _____

May we use the email address supplied to remind you of upcoming Sunday School events? If we may, please initial here: _____
(If, at any time, you no longer wish to receive these emails, simply reply to an email with 'Remove me from your email list' or 'unsubscribe' in the subject line or call the Church Office at 403-241-0366.)

St. Thomas United Church

100 Hawkwood Blvd. NW Calgary, Alberta T3G 2S9

Phone: (403) 241-0366 office@stthomasunited.ca www.stthomasunited.ca

PARENT APPROVAL, ACKNOWLEDGEMENT AND RELEASE FORM

Participant's Name

I/We the parents (and/or Guardians) of the above named participant, hereby give our approval and acknowledgement to their participation in programs offered by St. Thomas United Church between September 1, 2022 and June 30, 2023.

I/We do hereby acknowledge and agree that the participation of our child, above named, is at our sole risk and liability; moreover, we hereby release and agree to hold harmless St. Thomas United Church, the instructor, coordinator, leader, or any responsible appointed adult from any and all actions, the cause of actions, claims liability and demand whatsoever arising out of or in any way related to or connected with this program without limitations.

I/We do hereby consent to any medical attention, or any other care or treatment considered necessary.

Signature

Date

Witness Signature

Date

Participant's Alberta Health Care Number _____

Please note any health problems, allergies, or special medication required:

St. Thomas United Church Photograph Release (Children/Youth)

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

Note: Other photographs of your child may be taken as part of group activities and may be taken home by other children participating in this program. Once the images are in the possession of persons outside of St. Thomas United Church, St. Thomas is not responsible for the way the images are used.

I _____, give St. Thomas United Church (STUC) permission to use my child's image in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of STUC. Any images can be used to publicize STUC activities and the church community at large. I acknowledge that I will not receive compensation for the use of these images, and hereby release STUC from any and all claims. I waive all copyright to these images.

I **DO** give my consent to St. Thomas United Church to use my child's (children's) likeness

Date _____ Parent or Guardian name (print) _____

Parent/Guardian Signature _____

Child(ren) name(s) _____

Email _____ Primary Contact Number _____

I **DO NOT** give my consent to St. Thomas United Church to use my child's (children's) likeness

Date _____ Parent or Guardian name (print) _____

Parent/Guardian Signature _____

Child(ren) name(s) _____

Email _____ Primary Contact Number _____