

First Presbyterian Church of Cranbury, NJ
Sunday School Registration Form
2017-2018

Name of Child: _____ Date of Birth: _____

Age: _____ Grade: _____ Child's School: _____

Name(s) of Parent(s): _____

Home Phone Number: _____

Cell Phone Number(s) of Parent(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Church Affiliation: _____

Date of baptism (approx.) _____ Date of confirmation (approx.) _____

Name (s) of Sibling(s): _____

Allergies, medications, notes: _____

Photo Permission

_____ YES. I grant permission to use photos of my child on the Cranbury Presbyterian Church website, bulletin boards, and /or newsletters, provided that my child's name or other specific information is not referenced.

_____ NO. Please do NOT use any photos of my child.

RELEASE FROM LIABILITY:

I hereby authorize my child to participate in activities of the Cranbury Presbyterian Church, including Sunday school programs. I understand that it is expected that I (and/or my spouse) will either participate in Sunday school classes for children or adults or will be on call while my child is in activities or Sunday school at church.

Neither the staff nor the session of the Presbyterian Church of Cranbury, NJ nor the Sunday school volunteers shall incur, or accept, any liability for the good faith exercised on the authority granted by this form.

PARENT SIGNATURE: _____ **DATE:** _____

PARENT NAME (printed): _____