

St. John's Episcopal Church



**226 W. State Street
Sharon, PA 16146
724-347-4501**

Family Name: _____

Sunday School Registration Form 2018-2019

Name of Child	Grade & Birthdate	Allergies or Medical Concerns

Parent/Guardian Contact Information

Name	
Address	
Home Phone	
Cell Phone	
E-mail Address	

_____ Yes, please send information and updates about Youth & Family opportunities via email.

_____ I give permission for my child(ren) to be photographed for use in church media: website, newsletter, and/or Facebook.

Please cross out any specific media in which you do not want your child's photo to be used.

Website: St. John's will not use names with photographs.

Facebook: St. John 's will not use names with photographs. Families may tag photos if they choose.

_____ I **do not** give permission for my child(ren) to be photographed .

I give permission for my child(ren) to take part in the activities sponsored by St. John's Episcopal Church.

X. _____

Parent/Guardian Signature

Date

