



St. Matthias Episcopal Church Sunday School Registration Form

Child's Name: _____ Nickname: _____

Allergies: _____

Age: _____ Date of Birth: _____ / _____ / _____ School Grade: _____

Parent(s) or Guardian(s): _____

Address: _____

Email: _____ Phone: _____ - _____ - _____

Email: _____ Phone: _____ - _____ - _____

What would you like us to know about your child? (e.g., Special Needs, Medications)

Photo Use Release Form

I, _____ hereby grant and authorize St. Matthias Episcopal Church the right to make use of any and all pictures or video taken of my child by St. Matthias Episcopal Church to be used in and/or for legally promotional materials without payment or any other consideration. These materials include: Websites, Social Media Sites, and Print & Digital Communications. This authorization extends to all languages, media formats, and markets now known or hereafter devised. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of St. Matthias Episcopal Church.

I hereby hold harmless, and release St. Matthias Episcopal Church from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____ / _____ / _____

Please fill out a separate form for each child.