

## St. Bede's Sunday School Registration 2016-2017

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School(s) \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Primary email \_\_\_\_\_

Other email(s) \_\_\_\_\_

Check here if your contact information (address, phone number or email) has changed since last year or you are new to St. Bede's.

Please indicate your willingness to help with the following events/areas:

Food for Special Events

Christmas Pageant

Vacation Bible School

Music

Las Posadas

Baby Jesus Baskets

Advent Wreath Making

Please list all allergies, medications, and other important information we should be aware of (ie, asthma, ADD/ADHD, autism, etc.)

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St. Bede's Episcopal Church requests the right to take photographs/videos of your child for lawful purposes including publicity, news reporting and web content. Please check one:

I grant St. Bede's Episcopal Church permission to photograph or video my child.

I do not grant St. Bede's Episcopal Church permission to photograph or video my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please submit hard copy form to church office or submit by email to parishadmin@stbedes.org)