

**2011-2012 Sunday School Registration**  
**Kindergarten- Grade Five**  
**(please complete one form for each child)**

Name of Child \_\_\_\_\_ male / female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Class/Grade entering in fall \_\_\_\_\_

Known Allergies \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**RELEASE FOR MINOR CHILDREN (Under 18)**

I, *(print name)* \_\_\_\_\_, parent or official guardian of  
*(child's name)* \_\_\_\_\_ hereby grant permission to  
PCOL, its employees or representatives, to take and use: *(check all that apply:)* \_\_\_photographs/digital  
images \_\_\_videotape \_\_\_audio recording or quoted remarks of **my child** for use in promotional or  
educational materials as follows: \_\_\_printed publications or materials \_\_\_electronic publications or  
presentations \_\_\_Websites. I agree that my child's name and identity: \_\_\_may be revealed \_\_\_may **not**  
**be** revealed in descriptive text or commentary in connection with the image(s).

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

Please use the other side of this form to share information that will help us enable your child to have the most positive experience at Sunday school. **Please bring to our attention any allergies, special needs or concerns.**

*Please mail completed form to the church office,  
2688 Main St. Lawrenceville, NJ 08648*

Thank You!