

BMPC SUNDAY SCHOOL REGISTRATION

Child Information

Today's Date _____ Child's Full Name _____ Preferred Name _____

Birth Date _____ Current Age (in years) _____ Grade _____

Male _____ Female _____ Baptized? Yes _____ No _____

School Currently Attending _____ School District _____

Special Considerations _____

Siblings' Names and Birth Dates _____

Family Information (fill out once per family)

Parent 1 Name _____

Phone 1 _____ Phone 2 _____ Preferred Number _____

Email address _____ Preferred Communication: Phone _____ Email _____

Primary Address _____

Parent 2 Name _____

Phone 1 _____ Phone 2 _____ Preferred Number _____

Email address _____ Preferred Communication: Phone _____ Email _____

Primary Address _____

Emergency Contact _____ Phone Number _____

Approved Persons for Pick-up _____ Preferred Family Mail Name _____

Names of Extended Family at BMPC _____

____ Yes, I would like to receive the Children & Family Ministry E-news. ____ Yes, information may be used in a class directory.

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church may wish to photograph, videotape, or otherwise record the activities of the Program participants for the purpose of promoting the Program. We will not publish identifying information (i.e. name, grade) in conjunction with an image. I give permission for my child in the Program to be videotaped, photographed, and/or recorded, in connection with the Program. I give permission for BMPC to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, social media, CD's, DVD's or other media, for publicity purposes or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name (please print) _____ Yes _____ No _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____