

**Riverside Presbyterian Church
Sunday School Registration**

Name of parent/guardian registering child _____
Address _____
E-mail address _____ Home phone _____
Cell phone _____ for _____ (parent name)
In case of emergency, which number should we call on Sunday mornings? _____

Name of child _____ Birth date _____
Baptized? If yes, date and name of church _____
Grade _____ School _____
Address (if different) _____ Home phone (if different) _____
Does your child have any medical conditions, allergies, or dietary restrictions we should be aware of?

Name of child _____ Birth date _____
Baptized? If yes, date and name of church _____
Grade _____ School _____
Address (if different) _____ Home phone (if different) _____
Does your child have any medical conditions, allergies, or dietary restrictions we should be aware of?

Name of child _____ Birth date _____
Baptized? If yes, date and name of church _____
Grade _____ School _____
Address (if different) _____ Home phone (if different) _____
Does your child have any medical conditions, allergies, or dietary restrictions we should be aware of?

Do you give consent for anyone besides a parent or guardian to pick up your child(ren) from Sunday School? If so, name(s) and phone number(s)

Are you a member of RPC? _____ If not, how long have you been attending? _____

I assert that all the information that I have given is true and complete to the best of my knowledge. I understand that: I am to meet my child(ren) at 9:50 in the Social Hall; that they will not be released to anyone other than those listed above; and that I am not to leave my child(ren) in a classroom without adult supervision.

Signature _____ Date _____

_____ I agree to uphold the child protection policy (which I signed in 2007)*

_____ I agree to release photos of my child(ren) in 08-09 release (see page 2 of this form)

**Please see Lynda Nadkarni if you do not know if you previously signed the policy*

**Riverside Presbyterian Church
Photo Release Form**

CHILD(REN) NAME(S): _____

PARENT(S): _____

ADDRESS: _____

PHONE NO: _____ **OR** _____

E-MAIL: _____ **OR** _____

_____ I **DO** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

_____ I **DO NOT** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature