

## **NURSERY & SUNDAY SCHOOL REGISTRATION**

Please complete the form below. We only need one form per family; please be sure to include all infants/children who will be participating in the nursery and/or Sunday School programs (see back of form for multiple children).

| Parent(s)/Guardian(s):  | Phone:   |
|---|--|
| Address:  | Email:   |
| Child's name:   | Date of birth:   |
| Allergy/medical concerns:   |  |
| St. Augustine's periodically uses photographs including your child will not be made public wi     | of our programs to publicize our church and events. Photos<br>ithout your permission below.                            |
| I give permission for my child/children's photo<br>bulletin board displays, flyers, or brochures. | to be used in print publications of the church, such as Yes No   |
| I give permission for my child/children's photo<br>the weekly newsletter, website, or Facebook    | o to be used in online publications of the church, such as page. Yes No  |
| Are there any religious needs/questions you'd communion, confirmation, etc)                       | d like Mtr. Julia to call you about? (i.e. baptism,<br>Yes No  |
| Emo   | ergency contacts   |
| Name:   |  |
| Phone: Relationship:  |  |
| Name:   |  |
| Phone: Relationship:  |  |
| These people have permission to take my o   | child(ren) home from Sunday School. Initial:   |
| My child/children have permission to particip   | pate in the Sunday School and/or nursery program.  |
|   | y effort will be made to contact me. If I am not available e's staff and/or volunteers have permission to seek medical |
| Signature:  |  |

| Registration, cont.   |                |  |
|---|----------------|--|
| Child's name:   | Date of birth: |  |
| Allergy/medical concerns:   |                |  |
| Child's name:   | Date of birth: |  |
| Allergy/medical concerns:   |                |  |
| Child's name:   | Date of birth: |  |
| Allergy/medical concerns:   |                |  |
| Child's name:   | Date of birth: |  |
| Allergy/medical concerns:   |                |  |
| Child's name:   | Date of birth: |  |
| Allergy/medical concerns:   |                |  |
|   |                |  |
| Please share anything else you would like us to be aware of (i.e. support needs, family/custody concerns, etc.) – and always feel free to speak to any of our volunteers! |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |

Children are allowed (and encouraged!) to bring friends to Sunday School. We do ask that you provide an emergency cell phone number with the teachers prior to dropping off.