

**Presbyterian Church of Cranbury, NJ
2016-2017 Sunday School Registration Form**

Name of Child: _____ Date of Birth: _____ Age: _____
Grade: _____ Child's School: _____
Name(s) of Parent(s): _____
Home Phone Number: _____
Cell Phone Number(s) of Parent(s): _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Email address: _____
Church Affiliation: _____
Date of baptism (approx.) _____ Date of confirmation (approx.) _____
Name (s) of Sibling(s): _____
Allergies, medications, notes: _____

Photo Permission

____ YES. I grant permission to use photos of my child on the Cranbury Presbyterian Church website, bulletin boards, and /or newsletters, provided that my child's name or other specific information is not referenced.

____ NO. Please do NOT take or use any photos of my child.

RELEASE FROM LIABILITY:

I hereby authorize my child to participate in activities of the Cranbury Presbyterian Church, including Sunday school programs. I understand that it is expected that I (and/or my spouse) will either participate in Sunday school classes for children or adults or will be on call while my child is in activities or Sunday school at church.

Neither the staff nor the session of the Presbyterian Church of Cranbury, NJ nor the Sunday school volunteers shall incur, or accept, any liability for the good faith exercised on the authority granted by this form.

PARENT SIGNATURE: _____ **DATE:** _____

PARENT NAME (printed): _____