

St. Andrew's River Heights United Church Sunday School Registration

Parent/s Name/s: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

Child's Name	DOB D/M/Y	Grade	Age	Allergies	Interests/Activities
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you as a parent/guardian give permission for your child to be photographed and photos used in the ministry of St. Andrews including Website, Facebook, etc

Parent Signature(s): _____

Date: _____