



GRACE EPISCOPAL CHURCH CHILDREN AND YOUTH PROGRAMS  
ENROLLMENT FORM 2018-2019

Child/Youth Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

**PARENT INFORMATION**

**Name and Address**

Parent: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHOTO RELEASE PERMISSION**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_\_ Yes, I give consent for Grace Church to photograph my child for church school purposes and/or at church school events.

\_\_\_\_\_ No, I do not authorize Grace Church to photograph my child for any church school event.

**ALLERGIES**

Please list allergies and medical conditions we should know about.

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