



St Thomas's Episcopal Parish in Newark

Children's Ministries

2022-2023

Date of Registration _____

Name (First and Last) _____

Date of Birth: _____ **Baptized?** **Yes** **No**

Grade in School: _____ **Name of School:** _____

Parents/Guardians: _____

Street Address: _____

City, State, Zip Code: _____

Telephone #: _____ **Email Address:** _____

Is there any special information of which we should be aware (please include any allergies, medical conditions, family information, special needs, etc.)?

Permission to Photograph/Videotape:

I, _____, give permission for photographs and/or video recordings to be taken of my child during Children's Ministries or other activities while at St. Thomas's. I also give permission for these photographs and/or video recordings to be published in St. Thomas newsletters and on the St. Thomas's website. This permission will be good for one year from today, unless it is rescinded, in writing, by me.

Parent Signature _____ **Date** _____