



*St Thomas's Episcopal Parish in Newark*

**Children's Ministries**

**2024-2025**

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 This permission will be good for one year from today, unless it is rescinded, in writing, by me.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_