



**Parent/Guardian Information:**

Name

(First & Last)

Adult #1: \_\_\_\_\_

Adult #2: \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip

Code \_\_\_\_\_

Mobile #

(Adult #1) \_\_\_\_\_

(Adult #2) \_\_\_\_\_

Email (Adult #1) \_\_\_\_\_

(Adult #2) \_\_\_\_\_

**Child's Information:**

Name*	Grade	Age	Birth date	School District	Special Needs/Allergies

**Volunteer: Please check one or more:**

- Teach Sunday School
- Help in one of the classrooms:  Weekly  Twice a month  Once a month  Twice a year
- Help prepare crafts for Sunday School teachers
- Greet students and parents on Sunday morning once a month (be at church by 9:30 am)

**Sunday School Agreement**

At St. Andrew's we create a welcoming environment where all our children feel the light of God shine on them and discover that same light shining through them. We understand Sunday School is just one important part of faith formation that works best in conjunction with the practices and examples children experience in their home. We are committed to supporting parents and guardians on this journey both weekly at Sunday School and with suggestions and resources for home. Consistent attendance is the best way to show your children you prioritize both their and your spiritual development. That being said, every family has different demands, and we welcome your child if they attend once a week, once a month, once a year, or anywhere in between.

We, the parents/guardians, agree to partner with St. Andrew's in guiding and enriching our child/ren's faith journey. We will do our best to prioritize our family's faith life and agree to reach out to St. Andrew's if we have spiritual needs they can help us meet.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Photograph Waiver Form

St. Andrew's Episcopal church has my permission to use my child(ren)'s photograph, video and audio recordings, likeness, artwork, profile and/or story in future publications, web pages and other promotional materials produced, used by representing St. Andrew's Episcopal Church. I realize that there will be no compensation to me for this use.

---

Print Children's Full Name:

---

Parent's Signature

Date

---

Print Name

No, I do not authorize the use of my child(ren)'s likeness for any purpose.

Office Use Only

Constant Contact

Class List

Class \_\_\_\_\_