

# St. John's of Lattingtown SUNDAY SCHOOL REGISTRATION

Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in September \_\_\_\_\_

School Attending \_\_\_\_\_

Baptized \_\_\_\_\_ Place \_\_\_\_\_  
Yes or No

Parent(s)/Guardian(s) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Allergies \_\_\_\_\_

Siblings Name and Ages

I grant to St. John's of Lattingtown, its representatives and employees the right to take photographs of my child in connection with the Sunday School program. I authorize St. John's of Lattingtown, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. John's of Lattingtown may use such photographs of my child with or without his/her name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

\_\_\_\_\_

