



Sunday School Registration (2016-2017)

Welcome to St. Andrew's Sunday School!

Family name: _____

Address: _____

Phone: _____ Zip code: _____

**Email address: _____

Name of parent or adult contact: _____

I/We would be willing to help with:

- | | |
|------------------------------------|-------------------------------------|
| _____ Teaching/Substitute teaching | _____ food for special occasions |
| _____ Telephoning | _____ help with Palm Sunday program |
| _____ Children's music | _____ help with Christmas program |

Other ways you would like to help: _____

1) Child's name: _____

Age: _____ M F Grade: _____ Birth date: _____

Child's special interests/activities: _____ Any allergies? _____

2) Child's name: _____

Age: _____ M F Grade: _____ Birth date: _____

Child's special interests/activities: _____ Any allergies? _____

**Please feel free to add information about additional children on another registration sheet.
Thank you!**

PLEASE SEE REVERSE SIDE

St. Andrew's Lutheran Church, Oshkosh

Dear St. Andrew's Parent:

We at St. Andrews are very proud of your child/ren's participation in our programs and events. We use pictures of the children and youth in newsletters, marketing material, and on the website and Facebook.

Our policy is that permission is granted to St. Andrew's Lutheran Church to take and use visual images and auditory recordings of your child/ren for educational and/or promotional purposes. In doing so, parents agree that St. Andrews owns the images and recordings and all rights related to them, which may be used in any manner or media (e.g. websites, social networking sites, posters, brochures, videos, etc.) without notification. St. Andrew's is released from any claims, damages or liability, which a parent may ever have in connection with the taking or use of the images or with the printed material used with the images.

If you have any questions, please feel free to call the church office at 235-6616.

Please make an "x" next to the statement below if you choose to opt out for your child(ren):

I do not agree to give permission for the use of photos in any of publications as listed above.

Dated this _____ day of _____, 20____.

Signature of Parent _____

Print Parent Name _____

Names of Minors _____

Address _____

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August 2016