



ST. DUNSTAN'S CHURCH



YOUTH AND CHURCH SCHOOL REGISTRATION

Date _____ Please register my child(ren) for:

_____ Sunday School &/or Nursery
_____ Youth Group (grades 7 – 12)
___ Both

Last Name		
Parent's Names		
Street		
City, State, Zip		
Home Phone		
Cell Phone	Mom	Dad
Work Phone	Mom	Dad
E - Mail	Mom	Dad

Child 1		Child 2
	Child's Name	
	Birth Date	
	School / Grade	
	Baptized? Yes / No	
	Allergies or Special Needs	
	Hobbies or Interests	
	Child's E-Mail	

Child 3		Child 4
	Child's Name	
	Birth Date	
	School / Grade	
	Baptized? Yes / No	
	Allergies or Special Needs	
	Hobbies or Interests	
	Child's E-Mail	

St. Dunstan's Episcopal Church
5450 Massachusetts Avenue
Bethesda, MD 20816

Photo Release for Children Under 18 Years of Age

I hereby grant to St. Dunstan's Episcopal Church and to its employees and representatives the right to photograph my dependent(s) and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I understand that a photograph appearing on the approved St. Dunstan's Episcopal Church's website will not identify a minor (under 18 years of age) by name but may identify non-minors by name.

Child's (or children's) Name(s):

I certify that I am a custodial parent or guardian and have the aforementioned rights to assign.

Signature of
Parent or Guardian:

Print Name of
Parent or Guardian:

Address:

Phone:

Email:

Date: _____