## Information Blank

## Holy Baptism

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	Date of Application	
Full Name	Sex	
Residence	Age	
Father's Full Name_		
Mother's Full Maider	n Name	
Parent's Residence_		
Parent's Telephone_		
Email		
Religious Affiliation	of Parents	<u>-</u>
Witnesses or Sponsors	1	
	3	
	Residence	
Date of Birth	<del></del>	
Place of Birth		
Date of Baptism		Hour
Place of Baptism		
Officiant		

## St. James Episcopal Church

## **Sunday School Registration Form**

Thank you for completing and signing this form. Please mail to St. James Episcopal Church, 490 North Country Rd, St. James NY 11780

		Date
Last Name:		
Parents' Name	es:	
Street:		
City, State, Zip	:	
Home Phone:	,	
Cell Phone:	Mom	Dad
Work Phone:	Mom	Dad
Email:	Mom	Dad
Child's name:		Child's name:
Age:	_ Grade:	Age: Grade:
Birth Date		Birth Date:
Allergies/Speci	ial Needs:	Allergies/Special Needs:
Interests:		Interests:
Child's assess		Child's name
	Cuada	Child's name:
	Grade:	Age: Grade:
	talaha ada.	Birth Date:
Allergies/Special Needs:		
Interests:		Interests:
[] I am intere	sted in my child and myself participatin	g in an education program about Holy Communion.
I can help in th	ne following areas of Children and/or Yo	uth ministry (please check):
Children		
Tea	ching Substituting Special	EventsOther
Youth		
Tea	ching Substituting Special &	Events Transportation Other

I understand that I am expected to remain on the church premises during Sunday school in the event that my child has an emergency or I am needed for any other reason. I authorize St. James Episcopal Church to photograph and reproduce images of my child or children for use in parish-produced publications (i.e., the newsletter, website, parish directory, or publicity). I understand that such use will not identify a minor (under 18 years of age) by name, but may identify non-minors by name, unless special permission has been granted.