

**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' Names: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Work Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Email: Mom \_\_\_\_\_ Dad \_\_\_\_\_

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Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date \_\_\_\_\_

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

Allergies/Special Needs: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Interests: \_\_\_\_\_

Interests: \_\_\_\_\_

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Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date \_\_\_\_\_

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

Allergies/Special Needs: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Interests: \_\_\_\_\_

Interests: \_\_\_\_\_

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[ ] I am interested in my child and myself participating in an education program about Holy Communion.

I can help in the following areas of Children and/or Youth ministry (please check):

**Children**

Teaching     Substituting     Special Events     Other

**Youth**

Teaching     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.