

ST. JAMES' YOUTH PROGRAM REGISTRATION 2017-2018

Child's Name/Age/Grade: _____

St. James' Youth Program: _____

DOB (We send bday cards): _____

Parent/Guardian: _____

Address: _____

Home Phone/Cell Phone: _____

E-mail Address: _____

Emergency contact (name & phone #): _____

Please list any severe allergies or medical conditions: _____

At times throughout the year pictures or video may be taken and displayed in the Sunday School room, on the St. James' website, in a St. James' church service, or on the St. James' Facebook page (no names will be included), or published in the local newspaper. Videos may also be included in DVDs for St. James' use & enjoyment.

Please check one of the following:

_____ Yes, my child's picture/video may be displayed/published.

_____ No, I do not wish to have my child's picture/video displayed or published.

Parent/Guardian Signature: _____