

# SAINT SOPHIA GREEK ORTHODOX CHURCH

## ***SUNDAY CHURCH SCHOOL REGISTRATION***

2018-19 SCHOOL YEAR BEGINS SEPTEMBER 23, 2018

***\*PLEASE RETURN TO CHURCH OFFICE NO LATER THAN AUGUST 30, 2018\****

LAST NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE # HOME: \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_ MOTHER'S CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS FOR CHILDREN (9<sup>TH</sup> – 12<sup>TH</sup> GRADE ONLY): \_\_\_\_\_

WOULD YOU LIKE TO BE EMAILED CHURCH SCHOOL INFORMATION AND UPDATES?

YES \_\_\_\_\_ NO \_\_\_\_\_

| <u>CHILD'S NAME</u> | <u>BIRTHDATE</u> | <u>BAPTISMAL NAME</u> | <u>DATE OF NAMESDAY</u> | <u>GRADE THIS FALL</u> | <u>AGE</u> | <u>ALLERGIES</u> |
|---------------------|------------------|-----------------------|-------------------------|------------------------|------------|------------------|
| _____               | _____            | _____                 | _____                   | _____                  | _____      | _____            |
| _____               | _____            | _____                 | _____                   | _____                  | _____      | _____            |
| _____               | _____            | _____                 | _____                   | _____                  | _____      | _____            |
| _____               | _____            | _____                 | _____                   | _____                  | _____      | _____            |
| _____               | _____            | _____                 | _____                   | _____                  | _____      | _____            |

I WOULD LIKE TO VOLUNTEER MY TIME & TALENTS TO THE CHURCH SCHOOL:

TEACHER   
  ASSISTANT TEACHER   
  SUBSTITUTE TEACHER   
  SERVICE PROJECTS  
 SPECIAL LECTURE   
  CRAFT PROJECTS   
  ICONOGRAPHY   
  HYMNOLOGY   
  ADMINISTRATION

***THERE IS NO CHARGE FOR SUNDAY CHURCH SCHOOL BUT FAMILIES MAY OFFER A FREE WILL DONATION AND STUDENTS ARE ENCOURAGED TO PRACTICE STEWARDSHIP WITH THEIR ENVELOPES.***

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please sign Parental Consent Form for Student Photographs/Videos on reverse side**

## Parental Consent Form for Student Photographs/Videos

Dear Parent/Guardian:

It is our practice to seek parental consent before including your child's photograph and/or recorded video on the St. Sophia web page or in any publications, or to release any images to the media in compliance with Board Policy, for the purpose of showcasing the accomplishments of our students, teachers, and staff. In order to release or include your child's image in any Metropolitan-wide project, we must have your consent. Please review the three sections below. Please complete this form in its entirety and return it to the Sunday Church School as soon as possible. This form will be good for one academic year and will remain on file at the Church School office.

The St. Sophia Sunday Church School has my permission to publish a photograph and/or video image of my child(ren):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

for the following:

### **Section I: Internal Use of Photographs and Video**

Student photographs/video images may be taken for internal use such as student recognition bulletin boards, school newspapers and newsletters, classroom projects, etc.

Please check one:

I grant permission to use my child's photograph/video as described above.

I DO NOT grant permission to use my child's photograph/video as described above.

### **Section II: External and Web Page Use of Photographs and Video**

Student images may be used for external publications such as press releases, print ads, or other St. Sophia publications and website related to my child's participation in Church School related and/or extracurricular activities. This is with the understanding that the child's full name will not be published when an image is posted on the Internet. Last names of students will NOT be used on web page projects.

Please check one:

I grant permission to use my child's photograph/video as described above.

I DO NOT grant permission to use my child's photograph/video as described above.

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_