



Lakeview United Church

A special time for children's lesson, kids assisting with the service and family friendly music.

Sundays 10:30 am – 11:30 am



REGISTRATION FORM

CHILD'S NAME	DATE OF BIRTH	SCHOOL GRADE

Parent/Guardian:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Address _____

Home Phone: _____ Cellphone: _____

Email: _____

Is there anything we should know to help ensure the best possible experience for your child? Please describe below. The information will be kept confidential. Please include any learning disabilities, allergies/medical conditions, physical limitations or relevant custody arrangements.

PARENT CONSENT and PHOTO RELEASE STATEMENT

As parent or legal guardian of _____, I do hereby grant permission for my child to participate in Lakeview United Church Sunday School Program. In consideration of my child's participation, I understand that during some activities, photos may be taken and I hereby give my full permission for my child's photos to be used in church publication such as but not limited to the Lakeview's newsletter, website, social media account and children's ministry brochure.

Parent/Guardian Signature: _____

Date _____