



The Church of the Holy Comforter
130 West Seminary Avenue
Lutherville MD 21093
Phone: 410.252.2711 Fax: 410.252.7921
www.holycomfortermd.org

Sunday School Registration Form 2017-2018 Program

Child's Name _____ Nickname _____

Parent (s) or Guardian (s) Names (s) _____

Child's Date of Birth: Month ___/Day ___/Year ___ Grade in school & age for 2017-2018 _____

Address _____

Phone # _____ Household email Add.: _____

Preferred method of communication: _____

Allergies or other conditions we should be aware of (food reactions, physical challenges, ADD/ADHD, etc.)

Emergency contact (name & phone #) _____

I am available to help: As a substitute teacher

As a parent helper in the classroom

Comments: _____

Because we love taking pictures at Holy Comforter, we need your permission to photograph your child.

I grant to the Church of the Holy Comforter and the Episcopal Diocese of MD, its representatives and employees, the right to take photographs of my child and my property. I authorize CHC and the Diocese, its assignees and transferees the right to copyright, use and publish the same in print and/or electronically.

I agree that such photographs of my child may be used with or without their first name and for any lawful purpose, including such purposes as publicity, illustration, advertising, Web content, etc.

I have read and understand the above. **I agree Yes** _____ **I do not agree** _____

Signature of Parent or Guardian _____ Date ___/___/___