



The Church of the Holy Comforter

130 West Seminary Avenue

Lutherville MD 21093

Phone: 410.252.2711 Fax: 410.252.7921

www.holycomfortermd.org

Youth Registration Form 2017-2018 Program Year

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 #) _____

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 ___/___/___