

**St. Timothy's Episcopal Church**  
**808 North Mason Road**  
**Creve Coeur, Missouri 63141**  
**(314) 434-5906**

Sunday School and Youth Activity Registration Form  
Applicable for 12-month period September 1, 2015, to August 31, 2016

Child Name \_\_\_\_\_  
Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade Fall 2015 \_\_\_\_\_  
School \_\_\_\_\_

Baptized? Yes / No \_\_\_\_\_ If No, would you like information? Yes / No \_\_\_\_\_  
If Yes, Where/When \_\_\_\_\_

Confirmed? Yes / No \_\_\_\_\_ If No, would you like information? Yes / No \_\_\_\_\_  
If Yes, Where/When \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies/Conditions \_\_\_\_\_

Additional Comments \_\_\_\_\_

Parent Name \_\_\_\_\_  
Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Email \_\_\_\_\_

Parent Name \_\_\_\_\_  
Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Email \_\_\_\_\_

**Photo Release:** I hereby acknowledge that any child registered may be photographed or captured on video during the Sunday school program and any related activities. I hereby authorize St. Timothy's Episcopal Church to use any such photographs or videos for promotional or informational purposes on its website or other print, electronic, online, or other public media.

Parent Signature \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Date \_\_\_\_\_