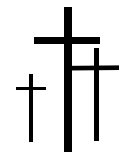


Eastminster United Church  
Sunday School Family Registration Form  
2008 - 2009



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A. General Family Information

Family Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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B. Information for Each Child to be Registered

1. Child's Name: \_\_\_\_\_ Birthdate (yyyy/mm/dd): \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies, if any: \_\_\_\_\_  
Medical Conditions about which it would be helpful to know: \_\_\_\_\_  
\_\_\_\_\_  
Medications, if any: \_\_\_\_\_  
\_\_\_\_\_
  
2. Child's Name: \_\_\_\_\_ Birthdate (yyyy/mm/dd): \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies, if any: \_\_\_\_\_  
Medical Conditions about which it would be helpful to know: \_\_\_\_\_  
\_\_\_\_\_  
Medications, if any: \_\_\_\_\_  
\_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Birthdate (yyyy/mm/dd): \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies, if any: \_\_\_\_\_  
Medical Conditions about which it would be helpful to know: \_\_\_\_\_  
\_\_\_\_\_  
Medications, if any: \_\_\_\_\_  
\_\_\_\_\_

## PHOTO CONSENT FORM MINOR CHILD

*We do not post or print photograph or use video images  
without the consent of the subjects or their guardians.*

I, (print full name) \_\_\_\_\_, hereby grant permission to  
Eastminster United Church to photograph and/or videotape my minor child(ren):

\_\_\_\_\_  
(child(ren) names)

at church events

or  at \_\_\_\_\_  
(name of event)

for the purpose of . . .

display inside the church building

and/or  print in publications of Eastminster United Church  
(eg: bulletin, newsletter, etc)

and/or  posting on Eastminster United Church's Website

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

- please return this form when completed -

**Distribution:**

- Director of Programs (Children & Youth)  
 Teachers  Database Administration