

St. Peter Armenian Apostolic Church

SUNDAY SCHOOL

17231 Sherman Way • Van Nuys, CA • 91406 • 818-344-4860
 stpsundayschool@stpeterarm.org

REGISTRATION FORM

(Please print and fill out one form per child-send to stpsundayschool@stpeterarm.org)

Name of Student: _____

Street Address: _____

City: _____ Zip Code: _____

Birth Date: _____ Age: _____ Grade: _____

Baptized: ____ YES or ____ NO In which Church?: _____

Father's Name: _____ Father's Cell Phone: _____

Father's Email: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Email: _____

Are you receiving St. Peter Facebook notices? YES ____ NO ____ Weekly Sunday School Eblasts? YES ____ NO ____

Special Concerns:

Please list and explain any concerns regarding: allergies; dietary or physical restrictions; medical, behavioral, or emotional concerns; learning disorder or anything special that we should be aware of (the information that you provide will assist us in meeting your child's needs in the classroom and will be kept confidential).

GET Involved! Parental involvement is vital to the success of our school. Please indicate one or more areas you are interested in assisting with:

____ Snacks ____ Special Events ____ Classroom ____ Projects ____ Luncheons ____ Fundraising

Other ways you would like to help (Please explain)

Brothers/sisters names in Sunday School: _____

*****PLEASE TURN FORM OVER AND FILL OUT PARTS 1, 2 AND 3...THANK YOU.*****

PART 1**EMERGENCY CONTACT INFORMATION**

In the event of an emergency and you cannot be reached, please give the name and number of a relative or friend that we can contact:

Name: _____ Phone #: _____

Relationship: _____

PART 2**EMERGENCY MEDICAL AUTHORIZATION**

Should it be necessary for my child _____ to have emergency medical treatment. I hereby give St. Peter Armenian Church Sunday School Personnel permission(if unable to contact parent) to use their judgment in obtaining medical services for my child and give permission to the physician selected by St. Peter Sunday School personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that St. Peter Sunday School has no insurance. Such medical or hospital costs incurred for my child and any cost incurred for such treatment shall be my responsibility.

Date: _____ Parent's Signature: _____

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PART 3**IMAGE RELEASE CONSENT**

As part of our Armenian Church Sunday school Program, photographs and videos of students, as they participate in the classroom and other Sunday school activities, may be taken throughout the school year. Photos may be used only for the purpose of promoting our church school program in publications such as our weekly church bulletins, church website, social media, and/or film. Photos of your child will only be used with your consent. In any of these images names and other personal information will **NOT** be identified, unless first discussed with the parent.

_____ I have read the above description and give my consent for the use of the images as indicated.

_____ I DO NOT give my consent for the use of images as indicated above.

It is the responsibility of the parent to keep all Sunday School Registration information current.

Parent Signature

Parent Name (Printed)

Date

FOR OFFICE USE

Registration Date: _____ List Input: _____ Mail Chimp: _____