

---

Family Last Name(s) \_\_\_\_\_

Emergency contact phone number(s) \_\_\_\_\_

**ST. MARK'S** IN-THE VALLEY  
EPISCOPAL CHURCH & PRESCHOOL  
A WELCOMING COMMUNITY OF FAITH

2019-20 SUNDAY SCHOOL REGISTRATION

All children welcome! A registration from each family will help St. Mark's provide the best (and a safe and healthy) experience in Sunday School. *(Up to 5 students per family on reverse.)*

**Family Information**

Parent/caregiver name \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/caregiver name: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Postal address \_\_\_\_\_

**Pick up Authorization (Grade 2 and younger)**

For students up to and including those in Grade 2, please list people who are authorized to pick them up from class or other activities.

\_\_\_\_\_ Parent(s)/caregiver(s) listed on this form as well as those listed below (if any)

Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Cell phone \_\_\_\_\_

**Photo Release**

We occasionally have the opportunity to use photos to communicate about the Sunday School program, youth group and other church activities. Uses might include a display, church newsletter, website or social media posting or a press release. **No names will be associated with photos.**

I give St. Mark's-in-the-Valley Episcopal Church and Preschool permission to include my child/children in photos used in church communications.

---

Parent/caregiver signature

**Assisting**

Would you like to help with the Sunday School program at St. Mark's-in-the-Valley? If so, please check below:

\_\_\_\_\_ Classroom teaching or assisting

\_\_\_\_\_ Assist childcare staff in the nursery

\_\_\_\_\_ Special events or occasional project support

\_\_\_\_\_ Wherever I am most needed

*Continues, please turn over...*

**Student Information 1**

Child's name \_\_\_\_\_

Grade in September, 2019 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_

Special information (please include any information regarding but not limited to food allergies, asthma, diabetes, anxieties, etc.) \_\_\_\_\_

\_\_\_\_\_

**Student Information 2**

Child's name \_\_\_\_\_

Grade in September, 2019 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_

Special information (please include any information regarding but not limited to food allergies, asthma, diabetes, anxieties, etc.) \_\_\_\_\_

\_\_\_\_\_

**Student Information 3**

Child's name \_\_\_\_\_

Grade in September, 2019 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_

Special information (please include any information regarding but not limited to food allergies, asthma, diabetes, anxieties, etc.) \_\_\_\_\_

\_\_\_\_\_

**Student Information 4**

Child's name \_\_\_\_\_

Grade in September, 2019 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_

Special information (please include any information regarding but not limited to food allergies, asthma, diabetes, anxieties, etc.) \_\_\_\_\_

\_\_\_\_\_

**Student Information 5**

Child's name \_\_\_\_\_

Grade in September, 2019 \_\_\_\_\_ Date of birth \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_

Special information (please include any information regarding but not limited to food allergies, asthma, diabetes, anxieties, etc.) \_\_\_\_\_

\_\_\_\_\_