



THE FALLS CHURCH
EPISCOPAL

Program Year Registration
Sept 2018 to Sept 2019
Ages 3 years through 5th Grade

Child Section

Child's Full Name and Preferred Name: _____

Date of Birth: _____

Date of Baptism: _____

not yet
baptized

Grade or Level: _____

School (if applicable): _____

My child participates in Scouting

Describe any allergies or medical concerns: _____

What else you can tell us about your child that will help make Sunday School a good experience for them?

Non- Parent Emergency Contact (name and cell): _____

Family Section

#1: Parent or Guardian Name, Cell and Email: _____

#2: Parent or Guardian Name, Cell and Email: _____

I give permission for The Falls Church Episcopal to publish any images of my child taken during church-related activities at any time of the year for use in The Falls Church Episcopal's e-newsletters, website, and publications. Parent who initials here gives The Falls Church Episcopal permission to use their child's image only. The child's first or last name will not be used without specific permission from the parent.

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Parent Signature and Date: _____

For 1st Graders and Older

Check this box if you are interested in having your child join the children's choir or performing an instrumental piece during worship under the direction of our Director of Music, Julie Tucker. Julie will be in touch with you!

