

# **St. Cuthbert's Sunday School Registration**

## **2025-2026**

### **Registration Info**

**Family Name:**

**Phone No:**

**Address:**

**City:** , B.C. **Postal Code:**

**Contact email address:**

**Child#1 First and Last Name:**

**Birth date:**

**Grade:**

**Child's Pronouns:**

**ALLERGIES/HEALTH CONCERNS:**

**PHN:**

Baptized? Yes [ ] No [ ]. Receives Communion? Yes [ ] No [ ].

**Child#2 First and Last Name:**

**Birth date:**

**Grade:**

**Child's Pronouns:**

**ALLERGIES/HEALTH CONCERNS:**

**PHN:**

Baptized? Yes [ ] No [ ]. Receives Communion? Yes [ ] No [ ].

**Child#3 First and Last Name:**

**Birth date:**

**Grade:**

**Child's Pronouns:**

**ALLERGIES/HEALTH CONCERNS:**

**PHN:**

Baptized? Yes [ ] No [ ]. Receives Communion? Yes [ ] No [ ].

**Parents' or Guardians' name(s):**

### **Other Information**

1. Would you be interested in **occasionally** distributing the snack? **Yes** [ ☐ ] **No** [ ☐ ]
2. Are you interested in teaching/substituting? **Yes** [ ☐ ] **No** [ ☐ ]
3. Are you interested in being a Sunday School class helper? **Yes** [ ☐ ] **No** [ ☐ ]
4. From time to time, we take pictures of the children engaging in various Sunday School activities, for example the Christmas Pageant or Christian Theme Days. These photos may become part of our church bulletin board display, used in a special project, be part of a Sunday School Report in the Communicator, or to enhance our St. Cuthbert church website.

Do you consent to having your child photographed for this purpose? **Yes** [ ☐ ] **No** [ ☐ ]

5. Do you consent to having your e-mail shared with your child's Sunday School teacher? **Yes** [ ☐ ] **No** [ ☐ ]

#### **6. Consent for Participation**

As the parent or guardian, I hereby give consent for my child to participate in Sunday School and related events. I understand participants will be properly supervised in all activities. In the event of accident or illness, the Diocese of New Westminster, its staff and volunteers are released from any liability. In the event of injury or illness requiring medical attention, by ticking the box below, I authorize appropriate treatment for the participant and understand that reasonable attempts will be made to contact me should such a situation occur. The participant must be covered by provincial health insurance or equivalent medical coverage.

[ ☐ ] Yes, I authorize my child to attend Sunday School and related events and agree to the above waiver.

**Signature of parent or guardian:**

**Date:**