

St. Andrew's Lutheran Church

Faith Builders

2018-19 Program Year

Child's Name: _____

Address: _____

Date of Birth: _____ Grade entering: _____

School Attending: _____

Parent's Name(s) _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Allergies: _____

Special concerns: _____

Sibling Name(s) and Grade(s):

*****Please complete the Photo Release Waiver on the reverse side.*****

**Please return completed form to the church office
or leave in the basket in the narthex!**



**St. Andrew's Evangelical Lutheran Church
Photo Release Waiver**

I authorize St. Andrew's Evangelical Lutheran Church to use photos, and/or other likeness' (which may be identified by name) or myself, and/or my child or the child for whom I have legal guardianship. I understand that these may be used for any promotional materials regarding St. Andrew's Evangelical Lutheran Church programs and events. Such likenesses may be distributed to the public (in newspapers, brochures, flyers etc.) and posted on websites. St. Andrew's Evangelical Lutheran Church reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent, or legal guardian.

Please circle Yes or No below.

Child _____ Yes or No
Name

Parent _____ Yes or No
Name

Parent _____ Yes or No
Name

Siblings _____ Yes or No
Name

Siblings _____ Yes or No
Name

Siblings _____ Yes or No
Name

Parent's signature: _____ Date: _____