

PLEASE RETURN EVEN IF YOUR CHILD WAS REGISTERED LAST YEAR.

2008 – 2009 Sunday School Registration

We are members of PCCT YES ___ NO ___

Last name: _____ First Name of Parent(s) _____

Address: _____

E-mail address: _____ Phone: _____



Child's Name	Birth Date	Age	Grade in School

Please list any allergies/medical conditions: _____

Photo Release:

I authorize The Presbyterian Church of Chatham Township to use photographs, videos and/or stories of my child, **but not the use of my child's name**, for the following:

- Stories and photos for the PCCT website
- Stories and photos for the media
- Stories and photos for use within the church (i.e., a trip DVD)

Signed _____ Date _____

I am interested in assisting in the following ways (choose as many as you'd like):

Teaching _____ Substitute Teaching _____ Christian Education Committee _____
 Shepherd (for rotation) _____ Sunday School Aide _____
 Providing Snacks _____ Supervising Rehearsals _____ Making Costumes _____
 Vacation Bible School _____ Nursery Volunteer _____
 Church School Sub-Committee:
 Rotation _____ K & Under _____ Jr. High _____
 Other _____

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