

2018-19 Sunday School Family Registration

Family Name		Date		
Parent Name(s)				
Address			City	
Zip Code				
Cell #		Name		
Cell #		Name		
Email address				
Child(ren)	<u>Birthdate</u>	<u>Grade 2018-19</u>	Allergies or Special concerns	

Please read and sign back of this form

Permission for Use of Photographs and Video Images

Community Presbyterian Church occasionally uses photographs or videos of persons participating in church activities to publicize its programs and services. Such photographs may be used in displays on bulletin boards, in brochures, presentations, the monthly newsletter, in press releases to a general circulation newspaper, in videos, or on the church's website at www.chcpc.org.

CPC would like to have your permission to use any photographs or videos of you or your child that might be taken for these purposes. By signing below, you will grant your permission for the use of your image or your child's image in any or all of these ways.

I have read this Permission and understand that by signing below, I agree that CPC my use photographs and/or videos of me to publicize the church's programs and services. I understand that one of the ways in which the photographs and/or videos may be used is through publication on the church's website, but that my or my child's name will not be used on the Internet in connection with my/their image unless I explicitly grant further permission for its use.

Parent Signature:	Date:	