# ST. CUTHBERT'S SUNDAY SCHOOL REGISTRATION FORM 2026–2027

**FAMILY / PARENT OR GUARDIAN INFORMATION**

**Family Name:** _____

**Phone No.:** _____

**Address:** _____

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

**Contact Email Address:** _____

**Parents' or Guardians' Name(s):** _____

**CHILD 1**

**Child's First and Last Name:** _____

**Birth Date:** _____ **Grade:** _____

**ALLERGIES / HEALTH CONCERNS:** _____

**PHN:** _____

**Baptized?** ☐ Yes ☐ No **Receives Communion?** ☐ Yes ☐ No

**CHILD 2**

**Child's First and Last Name:** _____

**Birth Date:** _____ **Grade:** _____

**ALLERGIES / HEALTH CONCERNS:**

_____

**PHN:** _____

**Baptized?** ☐ Yes ☐ No **Receives Communion?** ☐ Yes ☐ No

**CHILD 3**

**Child's First and Last Name:** _____

**Birth Date:** _____ **Grade:** _____

**ALLERGIES / HEALTH CONCERNS:**

_____

**PHN:** _____

**Baptized?** ☐ Yes ☐ No **Receives Communion?** ☐ Yes ☐ No

**EMERGENCY CONTACT & AUTHORIZED PICK-UP**

**Emergency Contact Name:** _____

**Relationship to Child:** _____ **Phone:** _____

**Authorized Pick-Up Person(s):** _____

**Relationship to Child:** _____

**PARENT / GUARDIAN VOLUNTEER OPPORTUNITIES**

We are grateful for parents and guardians who are able to support our Sunday School ministry. Please indicate any areas where you may be interested in helping:

☐ **Occasionally distributing snacks**
☐ **Teaching / Substituting**
☐ **Being a class helper**
☐ **Helping with special activities or events**
☐ **Christmas Pageant**
☐ **Summer Day Camp**
**Other:** _____

**PHOTOGRAPHY CONSENT**

From time to time, we take pictures of children engaging in various Sunday School activities, such as the Christmas Pageant, Christian Theme Days, special events and other children's ministry activities.

These photos may become part of our church bulletin board display, be used in a special project, be part of a Sunday School report in the *Communicator*, or be used to enhance the St. Cuthbert's Church website and other church communications.

**Do you consent to having your child photographed for these purposes?**

☐ **Yes** ☐ **No**

**EMAIL / COMMUNICATION CONSENT**

Do you consent to having your email address shared with your child's Sunday School teacher for the purpose of communicating about Sunday School lessons, activities, attendance and related matters?

☐ **Yes** ☐ **No**

**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 that participants will be properly supervised in all activities. In the event of an accident or illness, I understand that 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 checking 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.**

**ADDITIONAL INFORMATION / SUPPORT**

Please share anything else that would help our teachers and volunteers support your child well, including learning needs, accessibility considerations, dietary restrictions, communication needs or other information you would like us to know.

_____

_____

_____

**FAMILY CONNECTION**

☐ We are currently members / regular attendees of St. Cuthbert's.

☐ We are new to St. Cuthbert's and would like more information about the parish and children's ministry.

☐ We would like to receive information about upcoming children's and family ministry activities.

**PARENT / GUARDIAN ACKNOWLEDGEMENT**

I confirm that the information provided on this form is accurate to the best of my knowledge. I understand that I should notify the parish of any significant changes to my child's medical, contact or emergency information during the 2026–2027 Sunday School year.

**Signature of Parent or Guardian:** _____

**Date:** _____

**Thank you for partnering with St. Cuthbert's as we help our children grow in faith, friendship and love of God.**