



Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Birth Date	Male or Female?	Recent Grade Completed?	Allergies or Special Concerns?

Please return the completed form to the designated drop box, or to Church Office.

Can't wait to tell you about our AWESOME Mission Project!



**PERMISSION TO USE PHOTOS**

Please indicate permission for your child's images to be used in our bi-weekly news publication *The Spire*. In order to protect our children and youth, we use photos and video taped images *without* names in our print, broadcast, and digital publicity – for example, on our website, on bulletin boards within the Church building, in our broadcast services, and in other communications media.

**Please Check All That Apply:**

I give permission for the above young person's image to be used without names as described above.

I do NOT give permission.

Parent/Caregiver Signature: \_\_\_\_\_