



St James Cathedral

CHICAGO

SUNDAY SCHOOL REGISTRATION FORM 2019/20

Parent Name _____
 Parent Name _____
 Preferred E-mail _____
 Cell / Emergency _____

Address _____
 City _____
 State _____
 Zip Code _____

CHILDREN:

(Name)	(Birth Date)	(Grade in School)	Y / N (Baptized)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any special needs or medical concerns/limitations that we need to be aware of?

Please complete the reverse side

ADULT SUPERVISION

For your child's protection, each Sunday School classroom is led by two background-checked adults at all times. Parents are expected to volunteer on a rotating basis to assist with this requirement. Please complete a background check form, which are valid for five years. Return the form to a Sunday School teacher or Alison Barrington at abarrington@saintjamescathedral.org

PERMISSION TO BE PHOTOGRAPHED OR FILMED

I give my permission for my child(ren) to be photographed or videotaped while at St. James. I understand that images of my child(ren) may be displayed in church publications or on the website and that as a precaution my child(ren)'s name(s) will not be published or linked with the photographs.

Signed _____ Date ____/____/____

LIABILITY WAIVER

By signing this Registration Form, I release St. James Cathedral and its clergy, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against release St. James Cathedral or its clergy, leaders, employees, volunteers, or agents. I further agree to indemnify and hold release St. James Cathedral and its clergy, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Signed _____ Date ____/____/____

If you have education experience or special skills applicable to the classroom, please let us know below!