

2026-2027 Christ Church of the Ascension
Registration Form for Children's Programs

Parent/Guardian Name(s) _____

Address _____

Home phone _____ Email _____

Name(s) of child/children:

Child _____ DOB: _____ Grade: _____ School: _____

Child _____ DOB: _____ Grade: _____ School: _____

Child _____ DOB: _____ Grade: _____ School: _____

Would you like more information on any of our children's programs? Please select:

- ☐ Sunday School
- ☐ Acolyte
- ☐ Nursery
- ☐ Children's Choir
- ☐ Youth Group
- ☐ Vacation Bible School

Does your child have any special needs that may require attention while s/he participates in our programs (allergies, etc.)? If so, please describe briefly.

Is there any other information that would assist us in working with your child?

USE OF CHILD'S IMAGE: Please read carefully and select one option per question.

Christ Church of the Ascension may exhibit and publish church-related photos and videos of your child in internal and external communications including, but not limited to, internal newsletters, websites, electronic communications, and social media. *Your child's name will not be published.*

☐ **Yes**, I agree that my child's photos and videos may be used for these purposes.

☐ **No**, my child's photos and videos may not be used for these purposes.

Christ Church of the Ascension may share church-related photos of my child with the Episcopal Diocese of Arizona and Christ Church School for use in their internal and external communications, including, but not limited to, newsletters, websites electronic communications, and social media. *Your child's name will not be published.*

☐ **Yes**, I agree that my child's photos and videos may be shared with the Episcopal Diocese of Arizona and Christ Church School.

☐ **No**, my child's photos and videos may not be used for these purposes.

6th - 12th grades only: I give permission for my child to be driven by parish leadership. ☐ **Yes** ☐ **No**

Signature: _____ Date: _____