



THE CHAPEL OF THE CROSS

EPISCOPAL CHURCH · MADISON, MS

Sunday School Registration

2019-2020

Parent Information

Name: _____

Address: _____

Phone: _____

Email: _____

Registrant Information

Child's Name: _____

Date of Birth: _____ Current Grade: _____

Child's Name: _____

Date of Birth: _____ Current Grade: _____

Child's Name: _____

Date of Birth: _____ Current Grade: _____

Please list/explain any allergies or special concerns: _____

Photography/Videography Release

I give permission for my child to be photographed during Sunday School for the purpose of sharing our experiences to our Chapel website and/or to Chapel Social media. I understand that my child's name will not be used.

Signature: _____ Date: _____