

**St. John in the Wilderness Episcopal Church
Registration for 2007-2008 Children's Ministry Program**

Child's Name _____

Birth Date _____ Baptized: Yes ____ No ____

School Grade for 2007/08 _____

Are there any diet/allergy/medical concerns or learning needs? _____

Parent/Guardian
Name _____

Address _____

Phone _____ Email _____

Parent/Guardian
Name _____

Address _____

Phone _____ Email _____

Where I can be reached during education time: _____

_____ I am interested in volunteering!

Media Release Form

On behalf of _____ the undersigned parent does agree to grant St. John in the Wilderness permission to record the participation of their child, on film or tape, during this event. The parent/guardian further agrees that any or all of the material recorded may be used by or for St. John in the Wilderness, and further, that such use shall be without payment of fees or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

Parent/Guardian: _____ Date: _____