

St. John's United Church

Sunday School Release Form

★ I consent to my child's picture being taken for the purposes of activities related to St. John's United Church such as classroom activities and in-church displays.

Yes _____ No _____

★ I consent to my child's image being used on the St. John's United Church website or Facebook page, provided no identifying information such as names is included with the image. Yes _____ No _____

★ I consent to my child participating in outdoor activities in connection with the Sunday School class. These activities will be limited to within walking distance of the church and the parks in the immediate neighborhood. Yes _____ No _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____