Student Enrollment Application



| Child's last and first name: Date of birth (mm/dd/yyyy): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fat | her | 's la | ıst a | and f | irst 1 | naı | me: | | | <u> </u> | | 1 | | <u> </u> | I | | l l | | | I |] | | | I | 1 | 1 | | | |
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| Pho | one | nur | nhe | r. | | | | | | | | | | ı | | | | | | | | | | | | 1 | <u> </u> | | |
| () Preferred contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's last and first name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pho | one | nur | nbe | r: | | | | | | | | | - | | | | | | | | | | | | | | | | |
| (| ☐ Preferred contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Но | me | add | ress | s: | • | • | | | | | • | | | | | | | | | | | | | | | | - | • | |
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| Membership: □ Church members Division: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| My child will attend: ☐ Session 1 (9:00am) ☐ Session 2 (12:00pm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ü | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We | Wi | 11 ts | ke i | nart | in th | ne e | edu | cati | ior | al r | roc | P88 (| of | our (| hil | d by | v. cł | nec' | kine | o Ot | n his | s/he | r ni | ∵ ∩01 | ~cc | hr | ino | ino | |
| We will take part in the educational process of our child by: checking on his/her progress, bringing him/her to the correct church session, and praying for his/her spiritual development. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | |
| Application was filed by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Off | ice | Us | e: | | | | | | | | Cla | ss: _ | | | | | _ | | R | 2001 | n: _ | | | | | | | | |
| No | tes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Photo/Video Release Form

I grant Sunday School "The Source of Light" the unrestricted right to reproduce the photographs and/or videos taken of my child during Sunday School events and activities, for the purpose of publication, promotion, illustration, or advertising, in any manner or in any medium. I hereby release Sunday School "The Source of Light" and its legal representatives for all claims and liability relating to said images or videos.

I will not hold Bethany Slavic Missionary Church liable if my child's photo/video/audio is posted on social media or church advertisement.

| I have read, understand, and agree to t | he terms and regulations listed above |
|--|---|
| I DO NOT give permission for Sunday Initials images or videos of my child | y School "The Source of Light" to use any |
| I acknowledge that I am the legal guardian of | |
| Child's name | |
| | |
| Phone | |
| Email | |
| Signature: | Date: |