

GS Kids

2018-2019

Welcome! Let us know how we can reach you for all the fun and enriching activities planned for the coming year. *Please fill in this form completely and legibly.*

Names of Parents or Guardians _____

Address _____ Zip _____

Phone _____ Additional Phone _____

Email _____

Please record any special needs your child may have (asthma, diabetes, severe anxiety, etc.).

Some classes may share a snack as part of the curriculum.

Please indicate below any food allergies or restrictions we should know about.

Child's Name _____	Nickname _____	
Age _____	Date of Birth ____/____/____	Grade as of Aug. 2018 _____
Food Allergies or Special Needs _____		

Child's Name _____	Nickname _____	
Age _____	Date of Birth ____/____/____	Grade as of Aug. 2018 _____
Food Allergies or Special Needs _____		

Child's Name _____	Nickname _____	
Age _____	Date of Birth ____/____/____	Grade as of Aug. 2018 _____
Food Allergies or Special Needs _____		

Child's Name _____	Nickname _____	
Age _____	Date of Birth ____/____/____	Grade as of Aug. 2018 _____
Food Allergies or Special Needs _____		

Turn Over

Photo Release

I, _____, grant to Good Shepherd Episcopal Church, its representatives and employees, the following rights in regard to its website and any other publications it may distribute to the general public:

- The right to take **and publish photographs** or videos of my child individually or with others
- The right to **publish compositions and/or art work created by my youth/child**

I authorize Good Shepherd Episcopal Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Good Shepherd Episcopal Church may use such photographs of my child with/**without his/her name** and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Name(s) of Subject(s): _____

Signature of Parent or Guardian
(if under age 18): _____

Date: _____

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