

St. Timothy's Episcopal Church

808 N. Mason Saint Louis, MO 63141
 Phone (314) 434-5906 FAX (314) 434-4103 www.saint-tims.org

Family Registration / Photo Authorization Form

September 2009 – August 2010

Family Name(s) _____

Parent / Guardian Information

Mother's Name / E-Mail	Address	Home Phone/Work Phone/Cell Phone
Father's Name / E-Mail	Address	Home Phone/Work Phone/ Cell Phone

Youth / Child Information

Youth/Child's Name & E-Mail	Birthday/ Age/ Grade	School & District	Notes: Allergies, Talents, Needs
Youth/Child's Name & E-Mail	Birthday/ Age/ Grade	School & District	Notes: Allergies, Talents, Concerns...
Youth/Child's Name & E-Mail	Birthday/ Age/ Grade	School & District	Notes: Allergies, Talents, Concerns...
Youth/Child's Name & E-Mail	Birthday/ Age/ Grade	School & District	Notes: Allergies, Talents, Concerns...

Please note that e-mail correspondence will include copies to adults and minors

Our Christian Education Department requires volunteers to assist with various tasks, many of which are “behind the scenes.” Would you like more information on this ministry? Please initial. Yes _____ No _____

Occasionally, we photograph Saint Timothy's activities. We use these photos to illustrate our community life. Photos are utilized for our newsletters, website and other publications. It is our policy not to identify any child by name.

Please sign below to give your permission for photos of your child(ren) to be used in this way.

Parent/ Guardian _____ Date _____