



St. Paul's Anglican Church
"The God Squad"
 (For Children and Youth Ages 4 to 14)

Last Name: _____

First Name: _____

Address: _____

Child's Birth-date: _____ *Age:* _____

School Grade (in September): _____

Baptized: *Yes* *No*

Parental Contact: _____

Parent's Email: _____

Telephone: (H) _____

Child Usually Attends: *9:15 am* *11:00 am*

Medical Notes (Include any food allergies):

Epi Pen *Yes* *No*

Signature of Parent/Guardian

Yes, I can help in the following areas:

- Class Helper** (approx. once every 4-5 weeks)
- Class Teacher** (in a rotation with dates of your choice)
- Special Events**

If you have any questions or for more information, please contact the office at sundayschool@stpaulshk.org .

"The God Squad"

Permission Form

(Signature of Parent/Guardian Required)

At "The God Squad" we do sometimes take pictures of children for use only at special presentations. Some of the pictures may be used for these presentation purposes. I give permission for _____ to have his/her picture taken during class times and at special events.

 (Signature of Parent/Guardian)