

Sunday School Registration
Trinity Cathedral

Name_____Birthdate___/___/___Grade_____

Address_____ZIP_____

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Phone_____ E-mail_____ School_____

Parents' names_____

Parents' Work phone #_____

Siblings (age/grade)_____

Baptized? Yes No Date/place_____

Special notes for teachers (allergies, special needs, talents)

Signed_____Date_____

* * * Occasionally we photograph classes and activities around the Cathedral. We use these photos to record our history and to illustrate Cathedral life, in our newsletter and on the web site. (It is our policy not to identify any children by name in publications or web site.) Please sign the form below if you give permission for photographs of your children to be used in this way.

I, _____(print parent or guardian name)
give permission to Trinity Cathedral to use all photographs taken during any Cathedral activity, that may include my child _____
for whom I am the legal guardian, in any Cathedral publication, including the Cathedral web site (www.trinitycleveland.org) , and the *Cathedral Connection Newsletter*.

Signature of parent/guardian_____

Date_____

Trinity Cathedral staff signature_____

