



## Welcome to Holy Spirit Episcopal Church School!

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Would you like to receive Church School updates via e-mail? \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

School Grade September '19 \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Baptized? \_\_\_\_\_ Receives Communion? \_\_\_\_\_

Names of Parents \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Are you interested in helping with Church School such as organizing events, helping in class, donating materials, etc.? I'm interested in:

Any food allergies or restrictions?

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Is there anything special we should know about your child?

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We want to work together with you! As you encourage your child's religious education and spiritual development at home, are there key themes or concepts you are working to address? If so, please list:

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**MULTIMEDIA RELEASE FORM**

I hereby authorize Holy Spirit Episcopal Church to take film, video and/or still pictures and sound recordings of me/my child/my family without restriction during Church Events for inclusion in multimedia projects.

I also agree that such pictures and sound recordings may be used by Holy Spirit Episcopal Church for promotional purposes and to share the event produced on the World Wide Web, but that no part of these materials containing the likeness or voice of me/my child/my family will be used for commercial broadcast or rebroadcast purposes without my expressed written permission.

I hereby grant and assign to Holy Spirit Episcopal Church all rights, titles and interest to my performance and appearance. This is a complete and full release of all claims, whether legal or equitable, in connection with said performance and program. This release is intended to bind all of my heirs, legal representatives and successors.

I enter into this release with the understanding that it is without monetary reimbursement to me.

I have read this release form thoroughly and understand all of its terms. I execute it voluntarily and irrevocable.

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Printed Participant Name: \_\_\_\_\_

Printed Parent/Guardian Name:

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If you have any questions or concerns, please contact Gretchen Strohmaier at 542-2167 or [Gretchen@holyspiritmissoula.org](mailto:Gretchen@holyspiritmissoula.org).