



St. Joseph's
Episcopal Church

The Rev. Canon Dr. Winfred B. Vergara
Interim Priest-in-Charge

99-10 217th Lane, Queens Village, NY 11423
Phone 718 464 8913 • Fax 718 464 2366
www.stjosephqv.org

Sunday School Registration 2024 - 2025

Date _____ Child's Name _____

Date of Birth _____ Grade in School _____

Parent/Guardian Name(s) _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian Name(s) _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Person(s) authorized to pick up child _____

Home Phone _____ Cell Phone _____

Person(s) authorized to pick up child _____

Home Phone _____ Cell Phone _____



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Parent/Guardian Release Form

The undersigned parent or guardian of (Child) _____

grants permission for the child to visit/attend _____

on _____ from _____ to _____
DATE TIME TIME

Name of person picking up child _____

Home Phone _____ Cell Phone _____

If your child has allergies or health concerns that the Sunday School Staff should know about, please list that information below.

I authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless, and indemnify St. Joseph's Episcopal Church, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to my child, which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by St. Joseph's Episcopal Church or its agents, representatives, or employees.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE



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Photo Release Form

St. Joseph's Episcopal Church occasionally has the opportunity to use photos to share or promote the Sunday School Program, Youth Group, and/or other church activities. Uses might include a display board, Sunday School Newsletter, or Church website.

I, parent/guardian, give St. Joseph's Episcopal Church permission to include my child in photos used for informational or promotional purposes.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE