



Central United Methodist Church
729 Arnold Avenue
Point Pleasant Beach, NJ 08742
(732)892-3233

SUNDAY SCHOOL REGISTRATION FORM

Students Name: _____

Birthdate: _____

Grade Level: _____

School: _____

Parent/Guardian: _____

Address: _____

Phone: (H) _____

Phone: (C) _____

Email: _____

Allergies: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Central United Methodist Church
Child Photo Waiver
729 Arnold Avenue
Point Pleasant Beach, NJ 08742

Parent/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the church's public website, www.centralmethodistchurch.org, the church Facebook page, Instagram account and/or in the newspaper.

Members of the press occasionally visit us during the year and may wish to publish your child's name and photograph in an article for a newspaper or other media. Pursuant to law, we will not release any personally identifiable information without written consent from you as parent or guardian.

Please check the appropriate lines below:

GRANT PERMISSION

I DO NOT GRANT
PERMISSION

A photo/image (only) of my child may be published on the school's website, Facebook page, Instagram account.

A photo image of my child and other personally identifiable information may be published in the newspapers.

Childs Name

Parent/Guardian Signature