North Church Faith Formation

Family Contact Information

September 2026

Please fill out the contact information requested below. *One family per page.*

Parent One:_____

Home address: _____

City, State, Zip: _____

Phone for Parent One: _____

Email for Parent One: _____

Parent Two: _____

Home address: ____(Same as above)_____

City, State, Zip: _____

Phone for Parent Two: _____

Email for Parent Two: _____

Child's Name: _____

Age: _____ Grade: _____ Birthday: _____

Child's Name: _____

Age: _____ Grade: _____ Birthday: _____

Child's Name: _____

Age: _____ Grade: _____ Birthday: _____

{OVER}

North Congregational Church

Of Woodbury

Sunday School and Christian Education Faith Formation

PHOTO/VIDEO RELEASE FORM

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I hereby [give __ do not give __] permission for images of my child[ren], captured during North Congregational Church events through video, photo and digital camera, to be used solely for the purposes of promotional material, social media and publications, and waive any rights of compensation or ownership thereto.

Name(s) of Participants (please print)

_____ age: _____

_____ age: _____

_____ age: _____

_____ age: _____

Name of Parent/Guardian (please print):

_____

Parent/Guardian Email & Phone Number:

_____

Parent/Guardian's Signature

_____

Date: _____

Rev. 8/2026