



ALL SAINTS' EPISCOPAL CHURCH
YOUTH AND FAMILY MINISTRY REGISTRATION



1. _____
CHILD'S FULL NAME (PLEASE PRINT) DATE OF BIRTH GRADE IN SCHOOL
2016-2017

2. _____
CHILD'S FULL NAME (PLEASE PRINT) DATE OF BIRTH GRADE IN SCHOOL
2016-2017

3. _____
CHILD'S FULL NAME (PLEASE PRINT) DATE OF BIRTH GRADE IN SCHOOL
2016-2017

PARENT / GUARDIAN: _____
PHONE: _____ CELL: _____
EMAIL: _____

PARENT / GUARDIAN: _____
PHONE: _____ CELL: _____
EMAIL: _____

HOME ADDRESS: _____
STREET

CITY STATE ZIP CODE

ALTERNATE ADDRESS - IF THE CHILD(REN) RESIDES IN TWO HOUSEHOLDS AND CONTACT SHOULD BE MADE WITH BOTH.

STREET

CITY STATE ZIP CODE

Complete and sign back page...

WHOM MAY WE CONTACT IN AN EMERGENCY - OTHER THAN PARENTS / GUARDIANS:

NAME: _____ RELATIONSHIP: _____

PHONE: _____ CELL: _____

ADDRESS: _____

STREET

_____ CITY

STATE

ZIP CODE

IS THERE ANYTHING WE SHOULD BE AWARE OF TO HELP INSURE THE BEST POSSIBLE EXPERIENCE FOR YOUR CHILD(REN) IN OUR SUNDAY PROGRAM? THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

(Please include any learning disabilities, food or drug allergies, or relevant custody arrangements.)

I GIVE PERMISSION FOR THE ABOVE NAMED CHILD(REN) TO PARTICIPATE IN THE ALL SAINTS' SUNDAY SCHOOL PROGRAM FOR CHILDREN AND TEENS. I UNDERSTAND THAT I AM REQUIRED TO REMAIN AT ALL SAINTS' WHILE MY CHILD(REN) (GRADE 6 AND YOUNGER) ATTENDS THE PROGRAM.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

OCCASIONALLY WE PHOTOGRAPH CHILDREN WHILE THEY ARE PARTICIPATING IN THE SUNDAY PROGRAMS AND USE THE PHOTOGRAPHS IN THE ALL SAINTS' PUBLICATIONS AND WEBSITE. WE MAY ALSO USE NAMES AND/OR PHOTOGRAPHS IN LOCAL PRESS AND NEWS MEDIA FOR ANNOUNCEMENTS RELATED TO OUR YOUTH AND FAMILY MINISTRIES. IT IS UNDERSTOOD THAT ANY NEWS MEDIA WILL NOT USE YOUR CHILD'S NAME AND/OR PHOTOGRAPH FOR ANY PURPOSE OTHER THAN THOSE RELATED TO THE PROGRAMS OF ALL SAINTS' YOUTH AND FAMILY MINISTRIES.

PLEASE INDICATE BELOW IF WE MAY USE NAMES AND/OR PHOTOGRAPHS OF YOUR CHILD(REN):

_____ YES. YOU MAY USE THE NAMES AND/OR PHOTOGRAPHS OF MY CHILD(REN).

_____ NO. PLEASE DO NOT USE THE NAMES AND/OR PHOTOGRAPHS OF MY CHILD(REN).

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____