

LAST NAME _____



ALL SAINTS' EPISCOPAL CHURCH
 Youth and Family Ministry Registration
 2009-2010

| CHILD'S FULL NAME (PLEASE PRINT) | DATE OF BIRTH | GRADE IN SCHOOL 2009-10 |
|-------------------------------------|------------------|----------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

PARENT / GUARDIAN: _____

Phone: _____ Cell: _____

Email: _____

(USED ONLY BY ALL SAINTS' STAFF)

PARENT / GUARDIAN: _____

Phone: _____ Cell: _____

Email: _____

(USED ONLY BY ALL SAINTS' STAFF)

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

ALTERNATE ADDRESS — If child resides in two households and contact should be made with both:

STREET

CITY

STATE

ZIP CODE

WHOM MAY WE CONTACT IN AN EMERGENCY – Other than Parents / Guardians:

Name: _____ Relationship to Child: _____

Phone: _____ Cell: _____

Address: _____

IS THERE ANYTHING WE SHOULD KNOW TO HELP ENSURE THE BEST POSSIBLE EXPERIENCE FOR YOUR CHILD IN OUR SUNDAY PROGRAM? THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

(Please include any learning disabilities, physical limitations, food or drug allergies, or relevant custody arrangements. If necessary, please attach an additional page.)

The Sunday programs for children and teens at All Saints' operate on a cooperative basis and parents are encouraged to support the ministry by participating in a volunteer capacity. Please indicate below how you would like to use your spiritual gifts in the 2009-2010 year.

LARGE GROUP PRESENTATIONS

(Sunday mornings from 9:45-10:00 with high-energy skits, songs and videos provided by church)

_____ Large Group Presenter — indicate your preferred season: ___ Fall ___ Winter ___ Spring

SMALL GROUP LEADERSHIP

(Sunday mornings from 10:00-10:30 in classroom)

_____ Small Group Shepherd/Teacher — indicate your preferred season: ___ Fall ___ Winter ___ Spring

_____ "Rolling Stones" Middle School Teacher

CHILDREN'S PAGEANT OF THE NATIVITY

(Sunday mornings from 9:30-10:30, November 22, 29 and December 6, 13)

_____ Co-Director (works with previous year's director from a set script, oversees all rehearsals)

_____ Costume / Prop Coordinator

_____ Program Design and Printing (designs and ensures all the names are in the program)

_____ Set Assembly and Breakdown (Saturday before the pageant; no actual construction, the set exists!)

_____ Cookie Coffee Hour Coordinator — December 20th

(Coordinates families bringing cookies, prepares coffee)

OUTREACH

_____ Food Drive Coordinator (works with Deacon and Outreach Ministry)

_____ Lenten (spring) Lamb of God Bake Sale Coordinator

(Oversees project to benefit Episcopal Relief & Development)

ADMINISTRATIVE / MISCELLANEOUS

_____ Easter Day Egg Hunt Coordinator (prepares and oversees Egg Hunt on Easter morning)

_____ Welcome Sunday Registration Table (welcomes newcomers, ensures forms properly completed)

_____ Youth and Family Ministry Sunday/ Picnic Coordinator (oversees June picnic)

I give permission for the above named child(ren) to participate in ALL SAINTS' Sunday School program for children and teens. I understand that I am required to remain at ALL SAINTS' while my child attends the program.

Parent / Guardian Signature: _____ Date: _____

Occasionally we photograph children while participating in the Sunday programs and use the photographs in the ALL SAINTS' publications or on our website. We also may use names and/or photographs in local press and news media for announcement related to our Youth and Family Ministries. It is understood that any news media will not use my child's name and/or photograph for any other purpose 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 photographs of my child(ren).

_____ NO. Please do not use photographs of my child(ren).

Parent / Guardian Signature: _____ Date: _____

