



ALL SAINTS' EPISCOPAL CHURCH
Youth and Family Ministry Registration
 2011-2012

	CHILD'S FULL NAME (PLEASE PRINT)	DATE OF BIRTH	GRADE IN SCHOOL 2011-2011
1.	_____	_____	_____
2.	_____	_____	_____

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: _____

Occasionally we photograph children while participating in the Sunday programs and use the photographs in the ALL SAINTS' publications or on our 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 my child's name and/or photograph for any other 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: _____