

All Saints' Episcopal Church

Programs for Children and Youth

Registration 2018-19

Please fill out one for each child!

Child's Name: _____

Age: _____ Birthdate: ____/____/____ Grade in School: _____
(As of Sept. 2018)

I am registering for (check all that apply):

____ **Cradle Care** (Age 0-2)

____ **Godly Play** (Age 3-12) ____ **Confirmation** (Grades 8 and up)

____ **Acolyte (Grades 4 and up – training provided!)**

Parent's Names: _____

Address: _____

Town: _____ Zip: _____

Phone: _____

E-mail address: _____

1. How would you describe your child's personality?
(i.e. outgoing, shy, confident or uneasy in groups, etc.)

2. Are there any allergies or medical problems that your teacher
should be aware of?

3. Do you have a family member serving in the military?
Will that person be deployed in the coming year?

Date: _____

Please return to the Parish Office.