



Registration for Youth Programs at All Saints' 2019-2020

Please fill out one for each child!

Child's Name: _____

Age: _____ Birthdate: ____/____/____ Age: _____
(As of Sept. 2019)

Parent's Names: _____

Address: _____

Town: _____ Zip: _____

Phone: _____

E-mail address: _____

I am registering for:

SUNDAY MORNING PROGRAMS

- Sunday Godly Play Sessions (10:00 am) – ages 3-14
- Sunday Nursery Care (10:00 am) – for ages 0-3
- Acolyte – ages 4th grade and up (training is required)

WEEK-DAY GODLY PLAY

- Monday Godly Play Sessions (10:30 am) – ages 3 and up
- Tuesday Godly Play Sessions (3:15 pm) – ages 3 and up

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: _____