

All Saints' Episcopal Church

Youth Programs (Ages 0-14)

Registration 2017-2018

Please fill out one for each child!

Child's Name: _____

Age: _____ Birthdate: _____/_____/_____ Grade in School: _____
(As of Sept. 2014)

I am registering for (check all that apply):

_____ **Cradle Care** (Age 0-2) _____ **Godly Play** (Age 3-14)

_____ **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?

Please return to the Parish Office.