

**All Saints Episcopal Church
CHILDREN AND TEEN MINISTRY
School Year 2018-2019**



Registration

In an effort to update our church database and to be prepared for emergencies, we request that you fill out this form completely. Please print neatly. We want to make sure our records are current and accurate. Thank you! ☺

Youth's Name: _____ Age: _____

Date of Birth: _____ Gender Pref: Male or Female or _____

Youth Cell #: _____ Cell Company (Needed for group texts): _____

School: _____ Grade: _____

T-Shirt Size: _____ Work Place: _____

Youth's Email Address: _____ Facebook: Yes No

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/ Guardian(s) Name(s): _____

Occupation of Parent/ Guardian(s): _____

Home #: _____ Parent 1 Cell : _____ Parent 2 Cell: _____

Parent 1 Email: _____ Parent 2 Email: _____

Name of Other Parent or Guardian Who May Pick Up Youth: _____

Home #: _____ Cell #: _____

Email Address: _____

My Youth would like to attend (Please check all that apply):

- ___ Sunday at 10:00am
- ___ Sunday at 11:30am
- ___ Sunday at 1:00pm
- ___ Youth activities including service projects and fun events.

I will support my Child/Youth and the Child/Youth Ministries by praying for them and:

- ___ Helping as an occasional sponsor for Child/Youth Activities
- ___ I may be interested in Teaching
- ___ Special Events Planner to create and organize fun and safe events
- ___ Make follow up calls, help with mailings or organize supplies
- ___ Help in any way you need me
- ___ Helping financially through giving

Please list any experience you may have with Youth:

For the safety of our Youth, do you know CPR? _____ First Aid? _____

Important Information About My Child/Youth:

Learning, Behavioral or Medical Needs: _____

Recommendations: _____

Known Allergies to Food, Medications, etc.: _____

Recommendations: _____

Authorization:

I hereby give permission for _____ to participate in all activities of All Saints Episcopal Church Youth Ministries. In the event of an emergency, I know that every effort will be made to contact a Parent/Guardian immediately. I authorize All Saints Episcopal Church to administer first aid or medical treatment necessary and release them from any and all responsibility in connection therewith. I understand that this includes off site activities. I understand my photo or my child's photo may be taken for use in the Youth Ministry promotional literature, webpage, art project, or bulletin board. I waive the right to inspect or pre-approve the photo if used for such purposes.

Special Considerations:

Youth are encouraged to make responsible choices and to follow through on their commitments. To assist them in this process, and to insure that Youth Ministry funds are used wisely, families will be responsible for reimbursing the Youth Ministry account for any fees paid for activities Youths sign up for, but do not attend. Please make a payment directly to the Youth Ministries no later than 1 week following the event. Thank you.

Printed Name _____ Relationship _____

Signature _____ Date _____

Youth Signature _____ Date _____

Thank you for sharing God's love by making a positive difference in a Young Person's life!

Please return this completed registration to Kate Engfer or mail to:
All Saints Episcopal Church
Children and Teen Ministries
4201 W. Washington Ave.
Las Vegas, NV 89107 – 702-878-2373