

## St. John's Episcopal Church Children and Youth Ministry Registration Form for 2017-2018

*Please print*

FAMILY LAST NAME \_\_\_\_\_

PARENT 1 FIRST NAME \_\_\_\_\_ CELL# \_\_\_\_\_

PARENT 2 FIRST NAME \_\_\_\_\_ CELL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Name	Gender	Birth Date	Grade/School
(Last name if different from above)			

- Has your child been **baptized**? Please indicate if yes by placing a **B** next to the birth date  
Date/Location (if known): \_\_\_\_\_  
If not, would you like information about baptism? Y / N

### Health or Learning Concerns

You, as the parent or guardian, can help us by clearly identifying any special needs or challenges your child may have. This information is helpful in order to effectively meet the needs of your child. **This information will remain confidential.**

- My child has a medical condition which could be serious (e.g., allergies, asthma, bee stings)  
Please specify the child and condition \_\_\_\_\_
- My child has an identified learning disability (e.g., dyslexia, hearing, vision, ADD)  
Please specify the child and learning disability \_\_\_\_\_
- My child is attending special education classes in his/her regular school? YES NO  
Please specify the child and how often (e.g., 1 hour, all day, 1/2 day) \_\_\_\_\_
- My child is taking daily medication.  
Please specify the child and medication \_\_\_\_\_

**Is there any other pertinent information that would help us better minister to your child?**

(i.e.: relocation, divorce, blended family, death in family, etc.) \_\_\_\_\_

---

---

---

## **WAIVER FOR CHILD BY PARENT**

As the parent(s) or other legal guardian(s) of the above named children, I (we) release St. John's Episcopal Church and its officers, vestry members, agents, volunteers and employees from and against all losses, claims, actions, costs, expenses, and/or damages including attorney fees, arising out of my child's participation in this activity, except for the willful misconduct or gross negligence of St. John's Episcopal Church or of the officers, vestry members, agents, volunteers and employees.

I hereby grant and give SJEC the right to use photographs or images in which my child/children appear in classes or workshops at this activity for use in SJEC promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

---

## **Service opportunities**

*Please let me know which of these positions you are interested in. Thank you!*

- Teacher or teacher aide (1-4 times a month during the school year)
- Substitute teacher or substitute aide (as needed)
- Godly Play Storyteller or Doorkeeper (1-4 times a month during the school year)
- Substitute Godly Play Storyteller or Doorkeeper (as needed)
- Special seasonal events (Blessing of the Backpacks, Advent Wreath, Christmas, etc)