

Are you a member of Christ Episcopal Church? Yes_____ No_____

If not, would you like information about joining? Yes___ No___

My child/youth is also interested in:

- | | |
|--|---|
| <input type="checkbox"/> Singing in the Choir ___Choristers ___Teen Choir | <input type="checkbox"/> Volunteer in the Nursery |
| <input type="checkbox"/> Being in Youth Group ___ Jr High(6 -8) ___ Sr High(9 - 12) | <input type="checkbox"/> Attend Weekly Bible Study |
| <input type="checkbox"/> Youth Workcamp / Mission Trips | <input type="checkbox"/> Attending Kids Night Out |
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Attend Mothers Morning Out |
| <input type="checkbox"/> Communion Instruction | <input type="checkbox"/> Community Service Projects |
| <input type="checkbox"/> Confirmation / Rite 13 | <input type="checkbox"/> Attend Family Fun Nights |
| <input type="checkbox"/> Being an Acolyte | <input type="checkbox"/> Work on Altar Guild |
| <input type="checkbox"/> Being a Lector | <input type="checkbox"/> Family Ski Trip/Work Trip |
| <input type="checkbox"/> Being an Usher | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Helping w/ Special Events | _____ |
| <input type="checkbox"/> Volunteer at Bargain Box | |

Any other comments, suggestions or ideas you would like to share?

I/we give my permission for the above named child/youth to participate in Christ Episcopal Church's Sunday School program. I/we understand that I/we are required to remain on the church grounds while my/our child/youth attend Sunday School, if they are under the age of 16.

Parent/Guardian Signature

Date

Occasionally we photograph children/youth at Christ Episcopal Church and use the photos, without identifying children/youth by name, in our publications or on our website. Please indicate below:

_____ Yes. You may use photos in publications or on the web site.

_____ No. Please do not use photos of my child/youth.

Parent/Guardian Signature

Date

If child/youth divide time between two households, please complete:

_____ Please send info about Children's & Youth Ministries
(newsletters, calendars, etc.) to the other parent.

Name: _____

Mailing Address: _____

Home #: _____ Cell #: _____

Email address: _____

Please list people other than parents/guardians **who are allowed** to
take your child/youth from Sunday School (grandparents, siblings, etc).

**This year we are asking that
each family give at least two Sundays
to our Children's & Youth Ministry programs.**

**What would you, as a parent,
like to be involved in?**

Sunday School Teacher — Note teachers work in teams and are not required to teach
every week. Training is available. No experience necessary.

___ Preschool

___ 3rd & 4th Grade

___ Kindergarten

___ 5th & 6th Grade

___ 1st & 2nd Grade

___ 7th & 8th Grade

Volunteering to assist in a class _____Grade?

Children's Church _____Assistant _____Leader _____Musician

Supply Closet/Christian Ed Room Angel

Working on Seasonal Events

Advent_____

Nativity Pageant_____

Epiphany_____

Jesus' Birthday_____

Lent_____

Community Service_____

Easter_____

Teacher Appreciation_____

Year End_____

Family Movie Night_____

I can help in another way_____

Your NAME:_____

Phone #:_____ Email:_____

THANKS for your cooperation!

Contact Michele Craig, Director of Children's & Youth Ministries, with any questions or concerns:

301/762-2191 #15, or mcraig@cecrockville.org