

CEC FAMILY Registration Form

2015-2016

Return completed forms to a Sunday School Teacher, the Christian Ed or Parish Office.

Family LAST Name: _____

Home Address: _____
Street Number City Zip Code

Home Phone: _____ Family Email: _____

Parent's Names: _____

Cell #: _____ Work #: _____

Cell #: _____ Work #: _____

Child's Name _____ **Nickname** _____

Birthdate _____ Grade in School _____ Name of School _____

Baptized _____ Receives Communion _____ Confirmed _____

Allergies or Other Issues? _____

Child's Name _____ **Nickname** _____

Birthdate _____ Grade in School _____ Name of School _____

Baptized _____ Receives Communion _____ Confirmed _____

Allergies or Other Issues? _____

Child's Name _____ **Nickname** _____

Birthdate _____ Grade in School _____ Name of School _____

Baptized _____ Receives Communion _____ Confirmed _____

Allergies or Other Issues? _____

Child's Name _____ **Nickname** _____

Birthdate _____ Grade in School _____ Name of School _____

Baptized _____ Receives Communion _____ Confirmed _____

Allergies or Other Issues? _____

Are you a Member of Christ Episcopal Church? Yes ___ No ___

If not, would you like information about joining the church? Yes ___ No ___

Also interested in:

- | | |
|---|---|
| <input type="checkbox"/> Singing in the Choir
__Choristers __Teen Choir | <input type="checkbox"/> Volunteer at Bargain Box
(families welcome) |
| <input type="checkbox"/> Being in Youth Group
__ Junior (6 - 8) __ Senior (9 - 12) | <input type="checkbox"/> Family and/or Youth
Community Service Projects |
| <input type="checkbox"/> Workcamp / Heifer Farm Work Trips | <input type="checkbox"/> Family Fun Nights |
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Work on Altar Guild |
| <input type="checkbox"/> Communion Instruction Class | <input type="checkbox"/> Help with SOS set-up on 3 rd
Saturday morning each month |
| <input type="checkbox"/> Youth Confirmation (16 or older) | <input type="checkbox"/> Sunday School Helper |
| <input type="checkbox"/> Being an Acolyte (6 th grade or older) | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Being a Lector (readers welcome) | _____ |
| <input type="checkbox"/> Being an Usher (families welcome) | |
| <input type="checkbox"/> Helping w/ Special Holiday Events | |

I/we give my permission for the above named child/youth to participate in Christ Episcopal Church's Christian Formation program. I/we understand that I/we are **required to remain on the church grounds** while my/our child/youth attends Sunday morning programs, if they are under the age of 16 or prior arrangements are in writing.

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

List people other than parents/guardians **who are allowed** to pick-up your child/youth from Sunday programs (grandparents, siblings, etc.) _____
