

Christ Episcopal Church

Christian Education Children and Youth Registration Form

September 10, 2017 – June 8, 2018

Youth (grades 6–12) 9:30 AM in Disciples Hall; Children (grades 2–5) 10:00 AM in the Chapel

Today's date _____ Last name _____

Please return completed form to: Christ Episcopal Church
 Attention: Hilda Rivera
 415 Washington St.
 Toms River, NJ 08753

Important Request: Parents/Guardians are asked to be active in the planning for activities and events for children and youth by attending monthly Parent/Teach meetings. Parents/Guardians are asked to assist in their children's classes, and with additional opportunities for Christian formation for children and youth.

Please contact Hilda Rivera, Christian School Director, with any questions or concerns at hmriviera@comcast.net, or at 732-678-3713.

<i>Child's Name</i>	<i>Birth Date</i>	<i>Grade in School '17- '18</i>

Parent/Guardian Name(s): _____

Home Address: _____

Home # _____ Cell # _____

*Email address _____

(*please provide an email address that you use regularly. As good stewards of our environment, an effort is being made to conserve paper and to cut costs. Important information is regularly sent via email.)

What do you hope that your child(ren) will gain by regular attendance in church school classes and activities? _____

My child would like to participate in the following ministries for children throughout the year:

Christmas Pageant: _____ Kite Flyers (grades 8-12) _____

Youth Group (grades 6-12) _____ Confirmation Class (grades 9-12) _____

ALL PARENTS: We need each parent to volunteer for a minimum of two Sundays per year, per child to help in the classroom as a "Class Parent" for the child's church school classes.; training will be provided.

ACOLYTES ARE NEEDED: Mother Joan is asking each child ages 7-17 to volunteer to acolyte one Sunday each month. Acolytes are needed to help with each Sunday service. Training will be provided.

My child(ren) will volunteer on the First Sunday _____ Second Sunday _____ Third Sunday _____ Fourth Sunday _____ Fifth Sunday _____ of each month.

Allergies or other medical conditions (please include all medications each child is taking)

Any additional information or talents about you child that will help us ensure the best possible church school experience for your child? _____

Holy Baptism: We are interested in having our child Baptized at Christ Church _____

"I give permission for the above-named child(ren) to participate in Christ Episcopal Church School Program and Activities."

Parent/Guardian Signature

Date

Occasionally we photograph children and youth participating in class without identifying children or youth by name, on Christ Episcopal Church bulletin boards, in publications or on our website to celebrate our children's and youths' accomplishments. Please indicate below:

_____ Yes, you may use photographs of my child(ren) on Christ Episcopal bulletin boards, in publications or the website.

_____ No, please do not publish photos of my child(ren).

Parent/Guardian Signature

Date