



Today's Date _____ Last Name _____

**Christ Episcopal Church Christian Education with Children and Youth Registration Form
2013-2014**

Please return completed form to: Christ Episcopal Church
Attention: Denise Szczerba
415 Washington Street
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/Teacher meetings. Parents/Guardians are asked to assist in their children's classes, and with additional opportunities for Christian formation for children and youth.

Church School: Sunday, September 15, 2013 through June 8, 2014

Please contact Denise Szczerba, Christian Education Director, with any questions or concerns:
732-349-5506 or deniseced@verizon.net.

Child's Name	Date of Birth	Grade in School '13-'14
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name(s): _____

Home Address: _____

Home# _____ Cell# _____

*Email Address _____

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

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

My child would like to participate in the following ministries for children throughout the year.
(Please list child's name)

Christmas Pageant: _____ Kite Flyers (8th-12th graders) _____

Youth Group (6th-12th graders) _____ Confirmation Class (9-12 graders) _____

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 my child's church school class. Training will be provided.

I will volunteer for Sunday, _____ and Sunday, _____

I will volunteer for Sunday, _____ and Sunday, _____

I will volunteer for Sunday, _____ and Sunday, _____

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

My child(ren) will volunteer to acolyte on the First Sunday _____ Second Sunday _____

Third Sunday _____ Fourth Sunday _____ Fifth Sunday _____ each month.

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

Any additional information or talents about your 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. _____

Attention Parents of Children ages birth to 3.

Nursery Care – I am volunteering to supervise the Children's Nursery the following two Sundays: (please list dates) Sunday, _____ and Sunday, _____

"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, activities or events as part of our Christian Education Program at Christ Episcopal Church. We use photos, without identifying children or youth by name, on Christ Episcopal Church bulletin boards, in publications or on our website to celebrate our children and youths accomplishments. Please indicate below:

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

_____ NO. Please do not publish photos of my child (ren).

Parent/Guardian Signature

Date