



# Family Ministry Sunday School Registration 2024 - 2025



Please complete a form for each child.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Name of Child: \_\_\_\_\_

Age: \_\_\_\_ Grade: \_\_\_\_

School: \_\_\_\_\_

Allergies: \_\_\_\_\_

Arts/Sports: \_\_\_\_\_

Toilet Trained: y/n

Experience (# of years of training) \_\_\_\_\_

### Interest In:

- Acolyte (age 8+)
- Confirmation (13+)

### Interest In:

- Visual Arts
- Music
- Community Service
- Drama
- Cooking
- Other: \_\_\_\_\_

## Contact Details

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Interests:  Sewing/Crafts  Cooking  Service Projects  Sport Activities

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### As a Family, we would like to possibly:

- Go to Camp
- Hike
- Movies
- Farmers' Market
- Getting First-Aid or CPR Training
- Cooking/Baking
- Service Projects
- Other

**Media Release:** I permit the Episcopal Parish of St. Clement to use photographs of my child for use in the following media (If yes, please check off which media you are allowing): **Yes/No**

- Online Newsletter
- Website
- Social Media
- Other Marketing Advertising

\_\_\_\_\_  
Signature