

Today's Date: _____

Child(ren) Last Name: _____

Formation Programs for Children and Youth: 2019-20 Registration

St. John's Episcopal Church 1419 Pine St., Boulder, CO 80302 www.stjohnsboulder.org
Questions regarding Faith Formation please call: 303-442-5246

CHILD'S NAME(S)	DATE OF BIRTH	GRADE IN SCHOOL	SUNDAY PROGRAM (age 3-6 Level 1) (age 6-9, Level 2) (grades 4 th and 5 th Level 3) (Nursery, Eagle's Nest, Youth Group)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Choristers: St. John's children's choir for kindergarten through 6th graders, meets on Wednesdays, 5-6p, during the school year. Choristers is directed by Tom Morgan, St. John's music director. "I would like my child(ren), _____, to participate in Choristers."

Acolytes: St. John's acolyte guild is open to children in 5th grade through high school. Acolytes serve at the 9:30a service once a month. "I would like my child(ren), _____, to serve in the Acolyte Guild."

PARENT/GUARDIAN NAME(S): _____
St. John's Member(s)? Yes No "I/we would like information about joining St. John's."

CONTACT INFO: _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME #: _____ CELL #s: _____ TEXT MSG? Yes No
E-MAIL(S): _____

Is there anything we should know to help us ensure the best possible experience for your child? This information will be kept confidential. *(Please include any disabilities, medical conditions, significant allergies, or relevant custody arrangements. If necessary, use additional sheets. Also, please feel free to request an appointment to discuss these with the director of faith formation.)*

If there are other people (must be 14 or older) who are allowed to pick up your child, please specify their names and relationship to the family/child(ren).

NAME	RELATIONSHIP
_____	_____
_____	_____

If there is anyone who is NOT allowed to pick up your child (a non-custodial parent, for example), please specify his/her name and relationship to the family/child(ren).

NAME	RELATIONSHIP
_____	_____

Occasionally, we photograph children at St. John's and use the photos in St. John's or Diocese of Colorado publications, or on our websites. We never identify children by last name. Please indicate below:

Yes. You may use photographs of my child(ren) in publications or on the website.

No. Please do not use photographs of my child(ren).

It is the policy of St. John's Episcopal Church that at least one parent or guardian must be on campus while child(ren) participate in Sunday morning programs at St. John's.

"I, the undersigned, give permission for the above named child(ren) to participate in St. John's faith formation programs. I understand that I am required to remain on the St. John's campus while my children attend Sunday morning programs."

Parent/Guardian Signature

Date

If children regularly divide time between households (for example, parents are divorced) please complete:

PARENT/GUARDIAN NAME: _____ *St. John's Member?* *Yes* *No*

STREET ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS:

CELL #:

(check if desired) Please send information about St. John's faith formation programs to this parent/guardian as well. (E-mail address must be included for e-newsletters, our main form of communication with parents about upcoming events.)

St. John's Children's and Youth Ministries Programs are only sustainable through the love, dedication, and support of our parents and parish community.

Please indicate below how you can support our programs.

I would like to volunteer with children's or youth ministries. Please contact me with more information about serving as a:

We do require every parent to help in each classroom once per semester.

- Classroom Volunteer Youth Formation Volunteer Supply Shopper (reimbursed) Children's Outreach Coordinator/Asst.
- Corn Maze/Campfire Event Coordinator/Asst. Advent Wreath Making Coordinator/Asst. Christmas Pageant Director
- Christmas Pageant Assistant Easter *Eggstravaganza!* Coordinator *Easter Eggstravaganza!* Assistant
- Ice Cream Social Coordinator/Asst. New Child Ministry Coordinator/Asst.
- Other *(please specify):* _____

I would like to make a financial contribution to children's or youth ministries. I understand that this is a separate contribution from my pledge. \$50 per child is the suggested amount.

\$50 **\$100** **\$150** **\$200** **\$250** **Other Amount: \$** _____

I have enclosed a check (Please make checks payable to St. John's Episcopal Church, and specify in the memo line either Children's Ministries or Youth Ministries.)

OR

Please send me a letter and/or an e-mail to remind me about my financial contribution.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

LETTER TO NEW FAMILY: _____

DATA BASE: _____