

St. Michael's Episcopal Church 2010-2011
Registration for Youth & Family Ministries (Ages Infant to 18)

Child/Youth #1: _____ Age: _____ Grade in Fall '10: _____
Birthdate: _____ Preferred e-mail for child _____
Baptized: Yes ___ No ___ If yes, date & place (church) of Baptism: _____
My baptized child may participate in Eucharist Yes ___ No ___
Food Allergies: _____

Child/Youth #2: _____ Age: _____ Grade in Fall '10: _____
Birthdate: _____ Preferred e-mail for child _____
Baptized: Yes ___ No ___ If yes, date & place (church) of Baptism: _____
My baptized child may participate in Eucharist Yes ___ No ___
Food Allergies: _____

Child/Youth #3: _____ Age: _____ Grade in Fall '10: _____
Birthdate: _____ Preferred e-mail for child _____
Baptized: Yes ___ No ___ If yes, date & place (church) of Baptism: _____
My baptized child may participate in Eucharist Yes ___ No ___
Food Allergies: _____

Parent #1: Name _____ E-mail _____
Home Phone: _____ Work Phone _____ Mobile Phone _____

Parent #2: Name _____ E-mail _____
Home Phone: _____ Work Phone _____ Mobile Phone _____

Name & address to whom mail should be sent: _____

Is there anything special we should know about your child/children to make their experience the best it can be?

I would like information on: () Volunteer opportunities; () Baptism; () Confirmation; () Membership

May we share your contact info with other St. Michael's parents? () Address () Phone () Email

Please return to Church Office – Attention: Paul Hauck, Sunday School Superintendent