

# **2009 – 2010 Child/Youth Registration**

Please **Print** Clearly and Carefully – *Both Sides of Form*

## **Child/Youth Information** (age 3 through 12<sup>th</sup> grade)

**Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_  
*First and Last*

**Birth date:** \_\_\_\_\_ Gender \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address/ City:** \_\_\_\_\_ City \_\_\_\_\_ zip code \_\_\_\_\_

School: \_\_\_\_\_ School ending time \_\_\_\_\_

Do you play an instrument? \_\_\_\_\_ How long? \_\_\_\_\_

What sports or school activities do you participate in that affect your attendance Sunday mornings or Wednesday evenings? What months or seasons are affected?

Describe: \_\_\_\_\_

**Medical///Allergy//Diet///Learning Information:** \_\_\_\_\_

Baptized ? \_\_\_\_\_ Church \_\_\_\_\_ Denomination \_\_\_\_\_ Date \_\_\_\_\_

Confirmed ? \_\_\_\_\_ Church \_\_\_\_\_ Denomination \_\_\_\_\_ Date \_\_\_\_\_

### **Media Release Form**

On behalf of \_\_\_\_\_ the undersigned parent does agree to grant St. John in the Wilderness permission to record the participation of their child, on film or tape, in youth events throughout the year. The parent/guardian further agrees that any or all of the material recorded may be used by or for St. John in the Wilderness or the Diocese of Minnesota and that such use shall be without payment of fees or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Necessary Information for 4<sup>th</sup> – 12<sup>th</sup> graders who will be participating in overnight youth events, off site events or travel.**

Medical Insurance Company: \_\_\_\_\_

Policy/Member Number: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

We will keep this document on file and ask that you update this form if any of your personal information changes during the year. A separate permission/authorization form will be required for events listed above that will require only signatures and list of medications/dosage required.

## Child/Youth Choose a SUNDAY 10 AM Program

- Sunday School** – Godly Play (Age 3 through 3<sup>rd</sup> grade) Every one begins in the Gathering Room
- YEP** Youth Education Program (required for 1<sup>st</sup> Year Confirmation 9<sup>th</sup> – 12<sup>th</sup> grade) St. Angelico Room
- 2<sup>nd</sup> Year Confirmation** Mentoring Program (also choose another Sunday am program)
- YAP** Youth Activities Program 4<sup>th</sup> – 12<sup>th</sup> grade) St. Bernard room other locations will be listed each week.  
**Students may choose YAP or YART from week to week**
- YART** Youth Art Reflection Time ( 4<sup>th</sup> – 12<sup>th</sup> grade) Parish Hall
- Sunday School Teacher, Storyteller, Classroom Helper (Grades 10<sup>th</sup> – 12<sup>th</sup>)*  
**\*\*\*\*Must complete a volunteer interview and be certified in “Safeguarding God’s Children”**

## Child/Youth Choose a WEDNESDAY Evening Program

Light Supper is available in the Parish Hall 5:30pm – 6:15pm

- Children’s Choir (1<sup>st</sup> grade – 6<sup>th</sup> grade) 5pm – 5:45pm St. Cecilia Room (begins 9/16)
- Handbells (7<sup>th</sup> grade through adult) 5pm - 5:45pm in the church Nave (begins 9/16)
- Child Care and CAP (Children’s Activity Program – Birth through age 7) 6pm – 7:30pm (begins 9/16)
- Youth Choir (7<sup>th</sup> grade – 12<sup>th</sup> grade) 6pm – 6:45pm St. Cecilia Room (begins 9/16)
- COFTA Celebrating Our Faith Through The Arts - Youth Group (4<sup>th</sup> grade – 12<sup>th</sup> grade )  
6pm – 7:30 pm St. Bernard Room (begins 9/23)  
**\*\*\*\*\* COFTA Kick-off overnight begins Sat. Sept. 19<sup>th</sup> (2pm) through worship on Sun. Sept. 20<sup>th</sup>**

\*\*\*Music Groups and COFTA are scheduled at least once a month during the 9am service.  
Handbells will ring at the 9am & 10:30am service once a month.

### Parent/Guardian Information

**Parent Email:** \_\_\_\_\_ **Youth Email:** \_\_\_\_\_  
E-mail information messages will be sent to both parents/guardians and youth.

**Name of Parent/Guardian(s):** \_\_\_\_\_

What is your preferred phone number or method of communication. \_\_\_\_\_

**Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Parent Alternate. Ph:** ( \_\_\_\_\_ ) \_\_\_\_\_

Where parents can be reached during Sun. Education time: \_\_\_\_\_

Where parents can be reached during Wed. night programs: \_\_\_\_\_

\_\_\_\_ I will support my son/daughter in their faith journey by bringing them to worship and education each week as I am able.

\_\_\_\_ I will encourage my son/daughter to honor and uphold commitments made to their ministry involvement at church.

\_\_\_\_ I will also participate with my son/daughter through my own leadership and involvement in youth/child related programs and opportunities.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_