

Children & Youth Registration Form

St Matthew's Episcopal Church

Return to Maggie's Inbox in the Church Office or by Email

Parent(s) _____

Address _____

Phone Number 1: _____ Whose number is it? _____

Phone Number 2: _____ Whose number is it? _____

Email(s): _____

Child's Name	Grade / Age	School Name (if applicable)	Birth Date m/d/y	Classes <i>(check one)</i>		
				Godly Play	Work shop	Confirm ation

We would like to wait on Sunday School registration at this time.

Please list any food allergies your children have.

Please list any spiritual or emotional needs we should be aware of.

For children in 6th grade and above, please check if the Youth Director has permission to:

- text your child about youth opportunities (Phone number: _____)
- interact with your child on Instagram *see note on reverse*

Parent Volunteer Information

Our children's ministry is a cooperative effort. Parents serve in many ways. Please check all that apply to you.

___ I would like to lead chapel [___ once in a while ___ monthly]

___ I would like to assist with preparing crafts and activities.

___ I have a special gift I would like to share with the program as a guest teacher.

_____ (cooking, taichi, yoga, music, etc)

___ I am interested in being a co-teacher in Godly Play, Love First, or Confirmation.

___ I can help chaperone day-time youth events.

___ I can chaperone a youth lock in overnight.

A quick note on Instagram:

Some students find my Instagram on their own, or through Instagram's suggestion algorithms. I only interact with students who follow me first. I only interact with students on Instagram, and not on other social media platforms.