



ST. ANDREW'S  
EPISCOPAL CHURCH

## Children and Youth Programming

### Registration Form

(1) Participant's

Name: \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Allow Text: (Yes or No)

(2) Participant's

Name: \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Allow Text: (Yes or No)

(3) Participant's

Name: \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Allow Text: (Yes or No)

(4) Participant's

Name: \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Allow Text: (Yes or No)

Parent's/Caregiver's

Name: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Allow Text: (Yes or No)

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

Parent's/Caregiver's

Name: \_\_\_\_\_

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

Best Phone Number: \_\_\_\_\_ Allow Text: (Yes or No)

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

\_\_\_\_\_



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### Video/Photo Release

Please fill out the following form below for each child regarding photos of your child. St. Andrew's will never give the names or personal information about your child.

I **do** give permission for video/photos of

\_\_\_\_\_ to be used on St. Andrew's web site, social media or on bulletin boards in St. Andrew's Church Longmeadow, MA.

I **do not** give permission for video/photos of

\_\_\_\_\_ to be used in any purpose by St. Andrew's Episcopal Church, Longmeadow, MA.

### Transportation

\_\_\_\_\_ I do give permission for my child(ren) to walk or bike to and from church programming.

### Volunteer Shifts

We are looking for 2 volunteers per week. Please choose 2 Sundays from September to June.

Date 1: \_\_\_\_\_

Date 2: \_\_\_\_\_

Please provide any other information you would like for us to know:

Signed, Parent or Guardian

\_\_\_\_\_  
Date: \_\_\_\_\_