

St. Paul's Children's and Youth Ministry Registration Form 2009-2010

Family Information

Parent/Guardian Names _____

Address _____

City, State _____ Zip _____ Home Phone _____

Email _____

Emergency Contact (name and phone) _____

Emergency Contact (name and phone) _____

Individual Child Information

Child 1	Child 2	Child 3
Name	Name	Name
Birthday	Birthday	Birthday
Age	Age	Age
M/F	M/F	M/F
Email	Email	Email
Grade for 09-10	Grade for 09-10	Grade for 09-10
Program Enrollment	Program Enrollment	Program Enrollment
<input type="checkbox"/> Connections (Sunday School) 9:00am Service 8 th -12 th grade	<input type="checkbox"/> Connections (Sunday School) 9:00am Service 8 th -12 th grade	<input type="checkbox"/> Connections (Sunday School) 9:00am Service 8 th -12 th grade
<input type="checkbox"/> Morning LIGHT (Sunday School) 10:30am Service 3 year olds-7 th grade	<input type="checkbox"/> Morning LIGHT (Sunday School) 10:30am Service 3 year olds-7 th grade	<input type="checkbox"/> Morning LIGHT (Sunday School) 10:30am Service 3 year olds-7 th grade
<input type="checkbox"/> Nursery, 10:30am service Birth-age 3	<input type="checkbox"/> Nursery, 10:30am service Birth-age 3	<input type="checkbox"/> Nursery, 10:30am service Birth-age 3
<input type="checkbox"/> Adventure Club, K-6 th Wednesday's 5-6pm \$15/child/semester	<input type="checkbox"/> Adventure Club, K-6 th Wednesday's 5-6pm \$15/child/semester	<input type="checkbox"/> Adventure Club, K-6 th Wednesday's 5-6pm \$15/child/semester
<input type="checkbox"/> Children's Praise Singers, Elem	<input type="checkbox"/> Children's Praise Singers, Elem	<input type="checkbox"/> Children's Praise Singers, Elem
<input type="checkbox"/> Puppet Team, 5 th grade & up	<input type="checkbox"/> Puppet Team, 5 th grade & up	<input type="checkbox"/> Puppet Team, 5 th grade & up
<input type="checkbox"/> Wild Wednesday 7:00-9:00pm, 7 th -12 th grade	<input type="checkbox"/> Wild Wednesday 7:00-9:00pm, 7 th -12 th grade	<input type="checkbox"/> Wild Wednesday 7:00-9:00pm, 7 th -12 th grade
Medications	Medications	Medications
Special Notes	Special Notes	Special Notes

- My family **will be** attending Wednesday Family Dinners at 6:00pm (# _____)
Suggested Donation: \$3 for those age 8 and up, \$1 for those age 5-7, Free for those 4 and under

Parent/Guardian Signature _____ Date _____