

PLEASE COMPLETE BOTH SIDES OF THIS FORM

**\*\* Please return to Anna Betro – Youth Office- Basement \*\***

KIDz Clubhouse  
Little Saints

Registration Form



<b>OFFICE USE ONLY</b>	
Amount Paid	_____
Ck/Cash	_____

Youth's Last Name _____	First Name _____
Grade _____	School _____
Birth Date _____	
Gender _____	Age _____

Mother's First/Last Name \_\_\_\_\_

Father's First/Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Father's Work # \_\_\_\_\_

*We will be communicating by e-mail. All emails sent will be strictly related to KIDz Clubhouse. i.e. nights review, upcoming dates and events. We would require a parent/guardian address only.*

**FAMILY** Email Address: \_\_\_\_\_

<p><b>Registration Fee \$20.00</b> <i>(You may incur additional costs for optional functions)</i> <b>No youth is ever turned away for a lack of funds.</b> <b>Cash or checks payable to All Saints' - EDGE</b></p>
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**PARENTAL PERMISSION/RELEASE & OTHER INFORMATION**

Every person who participates in any KIDz Clubhouse activities or events must fill out this form.

Emergency Contact Name/Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_ Cell # \_\_\_\_\_

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment or emotional concerns?

Please list any know allergies, health problems, or current medications \_\_\_\_\_

**Media Release Form**

I hereby grant permission for my youth to be photographed and/or video recorded during EDGE activities. I further grant permission for resulting photographs and/or video footage to be edited, if necessary, and then published and/or broadcasted for the purpose of promoting EDGE and/or youth programs at All Saints Church on printed materials and on our website.

I hereby decline permission for my youth to be photographed and/or video recorded during EDGE activities. I have instructed my youth to decline to be photographed and/or video recorded at all times. I have further instructed my youth to notify EDGE Leaders that he/she may not be photographed and/or video recorded under any circumstances.

**X**

\_\_\_\_\_  
**Parent /Guardian Signature**

**Parent Involvement**

Parents are an important part of the Youth Ministry. I would appreciate any time you can give to the ministry. The more that you are involved in your faith, the more our youth will see the importance of their own faith.

Parents are able to support in such roles as:

- Sign in team
- Event chaperon
- Chaperon for field trips.
- Fundraising events.

Yes, I am interested in supporting EDGE

I can be contacted at:

Sorry, I am unable to commit to any volunteer services for at this time.

**Sponsorship or Donation**

I have enclosed a donation to EDGE in the amount of:

\$ 5 \_\_\_\_ \$ 10 \_\_\_\_ \$20 \_\_\_\_

\$ 50 \_\_\_\_ Other \$ \_\_\_\_\_

for the EDGE Youth Ministry to assist with additional expenses not covered by the Registration Fee.

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 please send me a tax receipt;

If you are registered at the church please indicate your Church Envelope

# \_\_\_\_\_

**Thank you for your continued support to the youth of All Saints' Parish**