

**Christ Episcopal Church  
Christian Formation 2011-2012  
Family Registration Form**

Family Name:		Parents' Names:	
Street Address:		City:	Zip:
Home Phone:	Work Phone;	Cell Phone:	Email:
Child #1:	Birth date:	School & grade:	Lives with:
Address (if different):	Allergies:	Medical conditions:	Other issues:
Child #2:	Birth date:	School & grade:	Lives with:
Address (if different):	Allergies:	Medical conditions:	Other issues:
Child #3:	Birth date:	School & grade:	Lives with:
Address (if different):	Allergies:	Medical conditions:	Other issues:
Child #4:	Birth date:	School & grade:	Lives with:
Address (if different):	Allergies:	Medical conditions:	Other issues:
Child #5:	Birth date:	School & grade:	Lives with:
Address (if different):	Allergies:	Medical conditions:	Other issues:

Emergency Contact:	Relationship:	Home Phone:	Cell Phone:
People authorized to pick up your child from Church School or Child Care:		Any family or other issues of which we should be aware:	

<i>For Church Use Only</i>	<i>Date Registered:</i>	<i>Entered into Database:</i>
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Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## I'd like to help with Children/Youth Activities!

Please call me with information about the following opportunities:

\_\_\_\_\_ Godly Play

\_\_\_\_\_ Kids on a Mission

\_\_\_\_\_ Children's Service of the Word (leader or assistant)

\_\_\_\_\_ CCY – Christ Church Youth (6<sup>th</sup> grade and up)

\_\_\_\_\_ Blast Off (4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> Junior Youth Group at the CBC)

\_\_\_\_\_ Brain Team

\_\_\_\_\_ Parish Life Events : Easter & Baptism Celebrations, Feast of Lights

\_\_\_\_\_ Caritas Christmas Party

\_\_\_\_\_ Baking for Special Events

## How can Christ Church help you?

I would like further information on:

\_\_\_\_\_ Children Ministries

\_\_\_\_\_ Baptism

\_\_\_\_\_ Youth Ministries

\_\_\_\_\_ Confirmation

\_\_\_\_\_ Adult Faith Formation

\_\_\_\_\_ Volunteer Opportunities

\_\_\_\_\_ Wedding/Unions

\_\_\_\_\_ Music

\_\_\_\_\_ Mission and Outreach

## Parish Contact:

\_\_\_\_\_ Please put me on the mailing list.

\_\_\_\_\_ I wish to speak with a clergy person.

\_\_\_\_\_ Please send me a pledge card.

\_\_\_\_\_ I want to join Christ Church.

\_\_\_\_\_ I wish to become an Episcopalian

Please return this form to:  
Christ Episcopal Church  
120 S. New Hampshire Street  
Covington, LA 70433  
(985) 892-3177