

All Saints' Parish 2007-2008 Registration for Youth and Family Ministries (Ages 0-18)

This registration form enables us to maintain accurate information on your child and family. It also serves as a medical emergency & disaster information card for your child. This registration form must be completed annually for **EACH** of your children who participate in the Nursery (0-18mos), Toddler Rooms (18mos-3yrs), Catechesis of the Good Shepherd (3-12 yrs), C.A.S.T. (6th-12th grade), and All Saints' Choristers. **You may mail this form to Youth and Family Ministries, 504 N. Camden Dr., Beverly Hills, CA 90210 or fax to 310-858-4538.**

Child's Name _____ Today's Date _____

Nickname/Preferred Name _____ M or F (circle one) Child's E-mail _____

Birthdate _____ Age _____ We plan to attend church on Sunday at: 9:00am _____ 11:15am _____

Mailing Address _____
City _____ Zip _____

Mother's Name _____ E-mail _____

Home Phone _____ Work _____ Mobile _____

Father's Name _____ E-mail _____

Home Phone _____ Work _____ Mobile _____

Name & address to whom mail is sent (if different) _____

May we share your contact info with other All Saints' parents? (check indicates "yes") Address Phone E-mail

In what grade will your child be in September? _____ Name of school _____

Is child baptized? _____ (For Catechesis program only) My child may participate in Eucharist Yes ___ No ___

Are parents members of All Saints'? Mom _____ Dad _____ Are parents baptized? Mom _____ Dad _____

"Now the body is not made up of one part but of many . . . God has arranged the parts in the body, every one of them, just as he wanted them to be." (1 Corinthians 12:14, 18). All Saints' Family Ministries relies on the support of parents, and EVERY family's involvement is needed. Please choose at least ONE way you can participate in the coming year. THANK YOU!

Family Ministries

- ___ Send birthday cards to the kids (± five cards/week) We'll provide the supplies. You just put them in the mail!
- ___ Assist with one event/year. Either **all-parish events** (Picnic, Christmas Pageant, Pancake Supper, or Holy Hoe-Down), Catechesis social gatherings, or big CAST events (such as Cinco de Mayo Fiesta or Family Night).
- ___ Administrative Support. Spend a few hours during the week helping with data management, mailings, phone calls, etc.

Infants & Toddlers

- ___ Assemble gift bags for children's baptism (Four times/year) We provide the supplies. You assemble ±10 bags.
- ___ Disinfect toys (Twice/year commitment) After 11:15 service, take home a bucket of toys. Return them before the following Sunday morning.
- ___ Volunteer in the Toddler Room (Once or twice/month at 9:00 or 11:15 service.) Play with the kids. Greet new families. Lead circle time.
- ___ Organize a craft project for the toddlers (Once/month) Simple! Simple! Simple! We have a lot of supplies already.

Catechesis of the Good Shepherd

- ___ Be an Atrium Assistant (One Sunday/month). One morning of training. Great way to learn more about your child's spiritual journey.
- ___ Be an Atrium Keeper. Help maintain the atrium by cleaning the spaces and keeping our supplies at the ready. (Once/month commitment)
- ___ Join the team of artists and carpenters who build and repair the many materials necessary for the curriculum.
- ___ Holiday & Summer Sacred Arts. We need volunteers to help with the children's worship and craft hour during summer and Christmas holidays.
- ___ Take a few shifts as the "hall monitor" in the upstairs hallway. Help ensure kids' safety in that busy corridor. (Four times/year commitment)

C.A.S.T. (Community of All Saints' Teens)

- ___ Spend an hour straightening up the youth room (Once/month commitment) This job is easy and fulfilling, and it'll remind you of home!
- ___ Donate snacks and simple meals for our weekly gatherings, overnight events and road trips. (Twice/year commitment)
- ___ Drive carpool to various events such as bowling, mini golf, movie outings, church visits, etc. (Four times/year commitment)
- ___ Host a CAST party (i.e Superbowl, Oscar). Some of the best CAST moments take place in someone's living room! (Once/year commitment)

All Saints' Choristers

- ___ Help serve dinner during a weekly Thursday evening rehearsal (1-2 times/year).
- ___ Supervise children in the playground after a Chorister rehearsal until the parents arrive to pick them up (1-2 times/year).

(OVER, please)

Emergency & Medical Information

Current Medications _____ Allergies to Drugs or Food _____

Other Health Information _____

Any other information we should know about your child: _____

Alternative Emergency Contact If parents can't be reached, All Saints' is authorized to release child to the following:

Name _____ Relationship _____

Home Phone _____ Mobile/Work Phone _____

Out-of-State Emergency Contact

Name _____ Relationship _____

Home Phone _____ Mobile/Work Phone _____

This Section for C.A.S.T. (Community of All Saints' Teens – Grades 6-12) Program ONLY

Because many C.A.S.T. events take place away from the church campus, registration for C.A.S.T. requires more detailed medical information. This registration is valid for this entire program year **unless this information changes over the course of the year**. Once this form is completed and submitted, C.A.S.T. parents and guardians will only be asked to sign a permission slip for specific CAST events and outings.

Teen's Height _____ Weight _____ Any history of altitude or motion sickness? _____

Operations or major illnesses _____

Describe any medical, physical or behavioral conditions that may affect or limit full participation in youth programs _____

<i>Date of Vaccine</i>	<i>Date of Booster</i>	<i>Date of Vaccine</i>	<i>Date of Booster</i>
Measles _____	_____	Rubella _____	_____
Mumps _____	_____	Chicken Pox _____	_____
Tetanus Booster _____	_____	Hepatitis B* _____	_____ (*not required but strongly encouraged)

Name of Teen's Physician _____ Phone _____

Name of Medical Insurance Company _____ Phone _____

Medical Insurance Policy # _____ Ins. Company Address _____

Terms: I verify that the medical information given on this form is up-to-date and accurate. I understand that should this information change it is my responsibility to update or amend any C.A.S.T. records pertaining to my teen. In addition, I understand that a separate permission slip will need to be signed and submitted for any overnight program, day camp, special activity, trip or event that differs from a weekly C.A.S.T. gathering.

Medical Release and Authorization: In case of emergency, I understand that every effort will be made to contact me or the emergency contact listed on the front of this form. In the event that I cannot be reached during any medical emergency, or following a traumatic accident, I hereby give permission to the licensed physician selected by Karlyn Johnson, Coordinator for Youth Ministries, or her agents (Youth Ministry adult leaders), to act on my behalf by securing proper treatment, including but not limited to x-ray examinations, medical or surgical diagnosis, hospitalization, anesthesia, surgery, or injections of medication for my child. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but it is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I also request and authorize the release of all medical records to Karlyn Johnson, Coordinator for Youth Ministries, or her agents. Such medical records include x-rays, notes, prescriptions and all information pertaining to the treatment of my child while under the care of the Coordinator for Youth Ministries.

Parent's Name (please print) _____

Parent's Signature: _____ Date _____