



2024-2025 Spiritual Formation Registration

Family Information:

Parent Name:	Home Phone:
Preferred Pronouns:	Cell Phone:
Parent Name:	Cell Phone:
Preferred Pronouns:	
Address:	Email:

Student Information: (If you have more than three children, please continue on the back of this form.)

Child's Name:	Grade in September:
Preferred Pronouns:	
Date of Birth:	Age as of September 1, 2024
Special Info (food allergies, etc.)	

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Please check the ways you are willing to help with Spiritual Formation:

____ Bring a healthy snack

____ Teach (age or grades) ____

____ Assist (age or grades) ____

____ Drive on special activities* (if yes, please complete driving information below)

____ Chaperone on a trip without driving

____ Help plan and lead a craft, game, or music activity ____

____ Help with seasonal activities (Advent, Christmas, Epiphany, Easter, Pentecost)

____ Help with intergenerational activities

____ Be a prayer partner for one of the classes

*If willing to drive, please complete below:

License plate number _____

Number of passenger seatbelts _____

Make and Model _____

Permission is granted to church office to check driving records:

Parent signature _____

TX Driver's License Number _____

Photo Release

At All Souls Episcopal Church photos or videos are sometimes used to communicate information about church activities. Uses might include a display board, church newsletter, brochure, church website, church Facebook entry, press release, etc. **Children are never identified by name.**

I give All Souls Episcopal Church permission to include my child(ren) _____

_____ in photos used for informational or promotional purposes.

Signature of Parent _____

Print Name of Parent: _____

Date: _____