



ALL SOULS EPISCOPAL CHURCH

316 W. Main Street, Arlington, TX 76010 (817) 264-3083

2022-2023 Christian 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, 2022
Special Info (food allergies, etc.)	

Child's Name:	Grade in September:
Preferred Pronouns:	
Date of Birth:	Age as of September 1, 2022
Special Info (food allergies, etc.)	

Child's Name:	Grade in September:
Preferred Pronouns:	
Date of Birth:	Age as of September 1, 2022
Special Info (food allergies, etc.)	

Please check the ways you are willing to help with Children's 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: _____