

St. Mark's Episcopal Church Children's Formation Registration

Parent/Guardian Name(s) _____

Address, City, State, Zip _____

Phone _____ In case of emergency _____ Email _____

Child/children

Name	Date of Birth	Baptized? – date	Confirmed? – date	Health concerns	Ministry Interest*

*St. Nicholas Choir, Acolyte, Reader, Usher/Greeter, Outreach

For Adults

_____ Call us for baked goods

_____ Call us for help with special events

_____ I have a special talent to share _____

_____ I can help with (please circle) Epiphany Pageant, Youth Lenten Program, Easter Egg Hunt, Church School Picnic