

TO: All Children, Youth and family members

FROM: The Rev. Donald L. Hamer, Rector
Ms. Lynda Curtis, Church School Coordinator

DATE: July 28, 2015

RE: Registration for all Children & Youth Formation Programs at Trinity Church

Please bring a completed form for each child with you on Sunday, September 6, 2015 or September 13, 2015 to register your child. Classes begin on September 20, 2015 from 11:30 A.M. to 12:30 P.M.

It is that time of year again to sign up your children for the various Christian Formation Programs that will be taking place at Trinity Church for the coming year. This brochure contains a registration form that we ask you to complete for each child that will be participating in the program. This form is divided into five sections:

1. Applicant Information: This section contains basic contact information for your Child and family. We ask that you complete all the information requested so we have the most up-to-date information on communicating with you during the year. Please be sure to include any email addresses that help us best communicate with you.
2. Program Registration: This section lists all the various programs that will be offered this year. Check all the boxes that apply for each child.
3. Community Agreement for All Participants: This area outlines basic rules of conduct that apply to everyone participating in the programs. We ask that both the child/youth and parent/guardian sign and date this section to acknowledge your agreement to these rules.
4. Medical Release and Authorization: This section gives permission for your child to participate in travel or activities that may take place off-site from Trinity Church. It also provides leaders/teachers with vital information regarding your child's health in the event of an emergency.
5. Parent/Guardian Time and Talent: Any successful program takes the active participation by family members and others willing to support the program. This section outlines a variety of areas where you can support these activities. Please let us know with what areas of service you would be willing to help.

TRINITY EPISCOPAL CHURCH
2015-2016 Christian Formation Children & Youth
Authorization/Registration Form

(All registration forms **must** have the required signatures: Parent/Guardian/Participant).
Complete one form for each child.

I. Applicant Information

Child/Youth Name _____ Sex: M ___ F ___

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Date of Birth _____ **Grade** _____

Parent(s)/Guardian(s) _____

Adult's relationship to Child _____

Day Phone: Mother/Gdn _____ Father/Gdn _____

Email address(es) _____

II. Program(s) Registration for 2015-2016 Program Year

My child will participate in the following programs offered for children/youth this year.
Please check all that apply.

____ Nursery (ages 0-3 years old)

____ Godly Play (Ages 3-3rd Grade)

____ Grades 4 & 5

____ Grades 6 & 7 - Rite 13

____ Grades 8 & 9 - Journey 2 Adulthood

____ Grades 10 & 12 - Confirmation Not Conform -

____ Young Adults in the Church (previously confirmed) - Grades 10 & 12

III. Community Agreement for All Participants

Throughout the duration of this program, I agree:

1. Not to bring or use legally controlled substances, including drugs and alcoholic beverages. Adult leaders must be made aware before the course of the use of prescription drugs, which will be retained by the adult leaders for the duration of the course. The possession and use of tobacco or any tobacco product is prohibited, including cigarettes. If I violate this agreement, I understand that my parent/guardian will be notified and I will automatically be sent home with adult supervision and my parent/guardian will be responsible for the expenses required.
2. To respect the needs and property of others, and not to participate in any inappropriate sexual or violent behavior.
3. To participate in all scheduled activities including community chores, and not to leave the group without the supervision of an adult advisor. I will arrive and depart on time.
4. To try to have fun! I understand that agreements 1,2,3, and 4 are designed to make the course the best and safest possible for everyone and that if I violate any of these agreements the leadership team will have the authority to determine appropriate consequences.

I have read the above and agree to live by these standards for the duration of the course:

_____	_____
<i>Participant's Signature</i>	<i>Date</i>
_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>

IV. Medical Release and Authorization

_____ (hereafter, the minor) has my permission to participate in all activities included in 2015-2016 Christian Formation Program for children and youth, and consent to the taking and subsequent use, including publication, of photographs, videos and/or other visual images of said minor participating in the course. I understand that I am responsible for arranging my child's transportation to and from Trinity Church unless transportation has been otherwise arranged. I understand that this program will be under the supervision and direction of adult leaders and sponsors approved by the clergy of Trinity Episcopal Church, Hartford, Connecticut. I waive any and all claims against Trinity Episcopal Church, Hartford, Connecticut; the Episcopal Diocese of Connecticut; and their clergy, staff, employees, volunteers, approved leaders, chaperones, drivers and sponsors, and hold them harmless from any liability whatsoever in connection with occurrences associated with my child's participation in this course. In case of medical emergency, I understand that reasonable effort will be made to contact me. If I cannot be reached, or if circumstances do not permit such contact, I/we the parents/guardians of the minor hereby authorize and consent to the physician selected by the approved leader, sponsor or chaperone to hospitalize and select any

and all proper treatment including but not limited to injection, anesthesia, medication or surgery for my child.

Date _____ Signature _____ Relationship _____

Family Physician: _____ Phone _____

Family Dentist: _____ Phone _____

Insurance Company: _____ Phone _____

Name of Policy Holder: _____ Policy# _____

(Note: Copy of participant's medical card MUST accompany this registration form.)

1. Any known food/drug/insect allergies? Please specify:

2. Special needs (incl. Dietary): _____

3. In case of emergency and I cannot be reached, please contact:

Name/Relationship		Telephone Number
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V. Parent/Guardian Time and Talent:

- | | | |
|-----------|----------|---|
| _____ Yes | _____ No | 1. I would be willing to help provide one of the meals for the JTA evening gatherings of our youth: |
| _____ Yes | _____ No | 2. I would be willing to drive and or chaperone for one of the JTA gatherings of our youth: |
| _____ Yes | _____ No | 3. I would be willing to help coordinate one of the youth outings for our JTA youth: |
| _____ Yes | _____ No | 4. I would be willing to chaperone an overnight retreat for our youth: |

5. My interests are (please circle interests):

Art/ storytelling/music/ cooking/movies/outdoor activities/ other (explain):
