

**Emmanuel Episcopal Church**  
**Children & Youth Faith Formation Registration**  
**2017 - 2018 Program Year**  
*for newborns (Nursery)*  
*3-year-olds – 6<sup>th</sup> graders (Catechesis of the Good Shepherd)*  
*7<sup>th</sup> – 12<sup>th</sup> graders (Journey Groups and Episcopal Youth Community)*

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
Has this child been baptized: \_\_\_\_\_ Age: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT/GUARDIAN:**

Name(s): \_\_\_\_\_  
E-mail(s): \_\_\_\_\_ Best Phone(s): \_\_\_\_\_  
Would you like to be contacted to discuss volunteer opportunities for this ministry? \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**HEALTH HISTORY:**

Pre-existing or present medical conditions of which we should be aware:

<input type="checkbox"/> Hay fever	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Epilepsy/nervous disorders	<input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent stomach upsets	
<input type="checkbox"/> Physical handicap	<input type="checkbox"/> Any major illnesses during the last year?	

If you checked any of the above, please give details of treatment or prevention of problems: \_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any allergies: \_\_\_\_\_ Allergies to medications: \_\_\_\_\_

Any activity restrictions:      yes      no

If yes, please explain: \_\_\_\_\_

Does your child have any **Special Needs** (*learning, behavioral, etc.*) that we should know about, to help us ensure the fullest experience possible for him/her?  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Permission:** I give my permission for my child to be photographed and included in the 'News from the Narthex' newsletter, Emmanuel's website, social media pages, bulletin boards, e-letters or other publications.

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give limitations: \_\_\_\_\_

**PLEASE TURN OVER TO COMPLETE THE SECOND SIDE OF THIS FORM.**

**For 7<sup>th</sup> – 12<sup>th</sup> Graders:** Do you give permission for youth leaders – whether clergy or lay – to communicate with your young person (*12 or older*) via such methods as e-mail, Facebook chat, and text messaging? Yes \_\_\_\_\_ No \_\_\_\_\_

**Permission and Waiver Form:**

As the parent/guardian of \_\_\_\_\_, I hereby grant permission for my child to attend activities on and off the parish campus and to ride in vehicles driven by formation leaders and/or parents during Faith Formation programs of the 2017-2018 program-year (*8/1/2017 - 8/31/2018*). I understand that I will be notified prior to the activity if it involves leaving the parish campus.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader(s) to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

**I understand all reasonable safety precautions will be taken at all times by Emmanuel Episcopal Church and its agents during faith formation activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Emmanuel Episcopal Church, its leaders, Vestry, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about our programs, please contact:  
**Georgia Collier**, Rector's Associate for Children's Formation & Family Life  
706.540.8237 [georgiacollier50@yahoo.com](mailto:georgiacollier50@yahoo.com)

## ***'Back to Formation' Events at Emmanuel:***

### **Sunday, August 6<sup>th</sup>: THE BLESSING OF BACKPACKS**

10:30am Eucharistic Service: *Bring your backpacks!*

### **Saturday & Sunday, August 12<sup>th</sup> & 13<sup>th</sup>: MATERIAL MAKING WEEKEND**

Saturday: 10am – 2pm, Sunday: 12:00noon – 2:00pm, The Atrium

*Consider dropping in to assist us in making materials and preparing the Atrium for the coming year. This work is designed for adults as the materials will be presented to the children.*

### **Sunday, August 13<sup>th</sup>: LEVEL I TRAINING INTEREST MEETING**

9:00 – 10:15am: The Atrium

*Have you ever wondered about our work in the Atrium? Join us to receive a unique glimpse into the Catechesis of the Good Shepherd program and to determine if further training is a fit for you.*

### **August 27<sup>th</sup>: FAITH FORMATION KICKOFF and REGISTRATION SUNDAY**

*Meet your Catechists & Youth Leaders, visit the Nursery Open House, enjoy a breakfast bite, and register your child for the upcoming season.*

### **Sunday, September 10<sup>th</sup>: 2017 – 2018 FAITH FORMATION BEGINS**

*Join us at 9:30am in the Atrium and the Youth's Upper Room. Let's grow together in Christ.*