

The Episcopal Church of the Advent

Parent Information

Student(s):

Name: _____ Grade: _____ Name: _____ Grade: _____

Mom's Information
Name: _____
Home #: _____
Cell #: _____
E-Mail: _____
Occupation: _____
Skills that could benefit the youth ministry
Program: _____

Dad's Information
Name: _____
Home #: _____
Cell #: _____
E-Mail: _____
Occupation: _____
Skills that could benefit the youth ministry
Program: _____

We have the following resources that we would be willing to share the youth ministry department:		
___ House for meetings	___ Pool	___ Vacation House (Type: _____ Sleeps: _____)
___ Large Vehicle (Type: _____)	___ Boat (Type: _____ Locations: _____)	
Other _____		

Mom can be called to help with...
___ Planning Committee
___ Special Events
___ Driving
___ Overnight Supervision
___ Data Entry
___ Cooking/ Baking
___ Arts and Crafts
___ Event Set-up/ Clean-up
___ Light Construction
___ Other _____

Comments: _____

Please call us regarding:

Dad can be called to help with...
___ Planning Committee
___ Special Events
___ Driving
___ Overnight Supervision
___ Data Entry
___ Cooking/ Baking
___ Arts and Crafts
___ Event Set-up/ Clean-up
___ Light Construction
___ Other _____