ALTAR SERVER
Registration form

CHILD'S NAME:_____ GRADE:_____

ADDRESS:_____

CITY:_____ ZIP CODE:_____

PARENT(S) NAME(S):_____

PARENT(S) NUMBER:_____ *Circle one*: home / work / cell

EMAIL (*REQUIRED*):_____

WHAT WEEKEND MASS IS YOUR PREFERENCE TO SERVE? (*Circle one***).**

Saturday 4pm   Sunday 8am   Sunday 11am

WHAT OPTION FOR EACH SESSION WILL YOUR CHILD BE ATTENDING?
(Circle one option for each.)

SESSION A: Option #1 Aug. 8   Option #2 Aug. 11   Option #3 Aug. 14
SESSION B: Option #1 Aug. 22   Option #2 Aug. 25   Option #3 Aug. 28

I,_____(*parent name*), agree to the best of my ability to see that my child arrives at Sacred Heart Church and signs in at least 15 minutes prior to the start time of the Mass that they are scheduled to serve. I understand that my child's participation in the Sacred Heart Altar Server Ministry requires them to serve at the Masses they are scheduled, or to arrange for a substitute if they are unable to serve at their scheduled time. I understand the contact information provided above will be published to other Altar Servers so that my child can sub for others when needed.

My signature below signifies that I have read and understand the above.

_____   _____
              Date   Parent printed name

_____
              Parent signature