

Sacred Heart Parish

Altar Server Registration Form

Altar Server Information

Altar Server's Name: _____

Birth Date: _____/_____/_____ Age: _____

Current grade level in school (Circle one): 4th 5th 6th 7th 8th 9th 10th 11th 12th

Name of School Attending: _____

Do you have experience Altar Serving? (circle one) Yes No

If yes, what year did you start serving? _____

Mass Preference

Saturday – 5:00pm Sunday – 9:00am Sunday – 11:00am Sunday – 5:00pm

Parents' Information

Father's Name: _____

Mother's Name: _____

Address: _____

Telephone Number(s): (____) _____ or (____) _____

Email Address: _____

If you have more than one child who is an altar server, how would you like them scheduled?

Always serve together Can serve separately or together Never serving together

Return of this form with parental signature grants enrollment into the Altar Server program at Sacred Heart Parish. It also grants permission for the following:

- 1) Altar Servers' name, phone number, email and mass time to be included on a Master Contact List for Altar Servers and their parents;
- 2) Altar Server's last name and first initial only to be posted on the Sacred Heart Parish and/or Sacred Heart School website; and,
- 3) E-mail address to be entered into the Altar Server E-mail List to receive all altar server schedules by e-mail.

*If the Candidate is 18 years old or younger, he/she will need her/her **Parents' Authorization***

I/We _____ (parents name/s)

the parent(s) of _____ (candidate's name)

wish and authorize our child to be an Altar Server at Sacred Heart Parish.

Parent Signature

Date

Office Use Only

Date Received: __/__/__ Date Data Input: __/__/__