Altar Server Registration

SERVER'S FULL NAME:_____ GRADE:_____

SCHOOL:_____

PARENT(S) NAME(S):_____

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

EMAIL (REQUIRED):_____

WHAT WEEKEND MASS IS YOUR PREFERENCE TO SERVE?

(Circle one or more. If more than one, please number preferences in order.)

Saturday 4:00 PM Sunday 8:00 AM Sunday 11:00 AM

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 request a substitute if they are unable to serve at their scheduled time. I understand the contact information provided above may be published to other Altar Servers in the interest of facilitating substitutions. My signature below signifies that I have read and understand the above.

_____ _____

Date Parent printed name

_____

Parent signature

Office Use Only:

____ Session #1 ___Session #2 ____Homework ___Refresher