



Child's First & Last Name	Nickname	List any food allergies and/or medical information	Gender	Age	Date of Birth	In Seeds last year?	
						Y	N
						Y	N
						Y	N

FAMILY INFORMATION

Address	City	Zip	Home Phone ()
Father's Name	Email*		Cell Phone ()
Mother's Name	Email*		Cell Phone ()

* Main communications will be sent via email. Your address will only be used for information coming from the Parish Center.

Do you want siblings together in the same group? Y N

ALTERNATE EMERGENCY CONTACT (in case we can't reach the parents first)

Name	Relationship to child(ren)	Phone ()
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MINISTRY OPPORTUNITIES

Prayer Leader

Prayer Leaders work in teams of 2 to lead each group of children and are vital to Seeds. Training and materials are provided and no experience is necessary. At least 6 Prayer Leaders per group are needed to allow each team to only be scheduled approximately once a month.

Substitute Prayer Leader

Having plenty of substitute leaders on hand is important to ensure all of the groups are properly staffed when regular Prayer Leaders have schedule conflicts or get sick. You will be paired with a regular Prayer Leader as back-up support and will be given materials ahead of time if the situation allows.

In order to provide a safe environment for our children, all volunteers are required to complete the Essential 3: background check, signed Code of Conduct and Safe Environment training, as directed by the Archdiocese of St. Paul and Minneapolis.

Yes! I, _____ will be a Seeds Prayer Leader and I DO / DO NOT want to lead my child's group.

Yes! I, _____ will be a substitute Prayer Leader.

PHOTOGRAPHY

Photos (still or video) of your child may be taken for use in parish publications including, but not limited to, the bulletin, website and emails. Children will not be identified by name in any images that are used. If you **DO NOT** want photos of your child used, please sign here.

PAYMENT INFORMATION

\$20 fee per person is requested with this form to help offset the cost of books and other materials. You may pay by cash, check or online at stthomampls.org.

of children ____ x \$20 = \$ _____

Financial assistance is available for anyone with a need. Please discuss your situation with the ministry coordinator.

FOR OFFICE USE ONLY

DATE	PAYMENT	CHECK #	PARENT INFO	NAME TAG	NAME CHART	DOOR SIGN	FOLDER	MASTER	PDS	DIST. LIST	EMAIL
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Drop form off at the Parish Center (M-F, 8:30am-4:30pm) or mail to: St. Thomas the Apostle, 2914 W 44th Street, Minneapolis, MN 55410