

ST. OLAVE'S JUNIOR CHURCH INFORMATION FORM

Please fill in the information below and return it as soon as possible to:

Laura Oxley, Child & Youth Minister
416-655-8002
Laurasredsky@gmail.com

Child's first and last names: _____

Birthdate _____ Grade _____ School _____

Parents' names: _____

Address: _____

Postal code: _____

Phone number: _____

Preferred email address: _____

Any health issues, allergies or activities your child cannot do?

What do you hope your child will gain from participating in St. Olave's Junior Church? Rank the following items (1 is not important at all, 5 is extremely important)

New peer group/make friends	1	2	3	4	5
Memorize scripture	1	2	3	4	5
Learn life lessons through Bible stories	1	2	3	4	5
Welcome Jesus into their heart	1	2	3	4	5
Be comfortable in church	1	2	3	4	5
Learn how to tell their friends about Jesus/church	1	2	3	4	5
Participate in church events outside of Sunday morning	1	2	3	4	5
Other _____					

What is your preferred month or time of year to volunteer one or two Sundays to help in the class?

Are you interested in helping to plan community events? _____