

ALTAR SERVER APPLICATION/ APLICACION PARA MONAGUILLO



Altar Servers Ministry **"Blessed Carlo Acutis"**



Last Name/ Apellido: _____ Name/ Nombre: _____

Age/ Edad: _____ Grade/ Grado: _____ Date of birth/ Fecha de Nacimiento: _____

Father 's Name/ Nombre del Padre: _____

Mother 's Name/ Nombre de la Madre: _____

Cell phone/ Teléfono celular: _____ / _____

E mail/ Correo electrónico: _____

Address/ Dirección particular: _____

Which weekend Mass do you normally attend? / A que misa de fin de semana asiste normalmente?

Saturday/ Sábado: 5:00 PM _____ 6:30 PM _____

Sunday/ Domingo: 8:00 AM _____ 9:30 AM _____ 11:00 AM _____ 12:30 PM _____

5:00 PM _____ 6:30 PM _____

Parent's signature/ Firma de los Padres.

Date/ Fecha.

Contact information: Elieth Benavides.

ebenavides@sainttimothycatholic.org



Altar Servers Ministry
“Blessed Carlo Acutis”



MEDIA RELEASE PARENTAL CONSENT FORM

Dear Parent:

Please be advised that during the Altar Servers Ministry year your child may be photographed. With your consent, the photograph be reproduced and released for use by the media, i.e., parish bulletin and brochures, video and the parish website.

Please indicate your preference below.

Student's Name: _____.

() YES My child's photograph may be reproduced and released for use by the media.

() NO My child's photograph may not be reproduced and released for use by the media.

Parent's signature/ Firma de los Padres.

Date/ Fecha.

Return this signed from to: Contact information: Elieth Benavides.

ebenavides@sainttimothycatholic.org