



CHRIST CHURCH OF THE ASCENSION

EPISCOPAL PARISH AND SCHOOL, PARADISE VALLEY

KNOW CHRIST, LOVE CHRIST, SERVE CHRIST

CONTACT FORM

HOUSEHOLD INFORMATION

Today's Date _____

Household Name(s) _____

Preferred Mailing Address _____ City _____ Zip _____

Preferred Family Phone Number (or fill out individually below) _____

Preferred Family Email (or fill out individually below): _____

Please let us know if the above information may be included in the Church Directory:

Household Name(s) Address Phone Email

USE OF IMAGE – PLEASE READ CAREFULLY: Unless you request otherwise, Christ Church reserves the right to exhibit and publish church-related photographs of you and your family members in internal and external communications including, but not limited to, the church newsletter, website, electronic communication, and social media. *Names will not be published with pictures without permission.* If you do not want your images used in these types of communications, please notify us in writing at info@ccaaz.org.

Adult 1 _____ Maiden Name _____
(First) (Middle) (Last)

DOB: _____ E-mail _____ **Want to receive weekly E-Newsletter?** Yes No

Preferred phone # _____ Cell Phone Landline

Baptism Date/Place _____ Confirmation Date/Place _____

Please let us know if the following information may be included in the Church Directory:

Name Address Phone Email

Have you submitted membership paperwork? Yes No

If no, would you like to become a member? Yes No

Please indicate areas where you currently **Serve In Love** at Christ Church of the Ascension:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acolytes | <input type="checkbox"/> Family Events | <input type="checkbox"/> New Member Welcome |
| <input type="checkbox"/> Adult Education Classes | <input type="checkbox"/> Family Services | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Altar Guild | <input type="checkbox"/> Flower Guild | <input type="checkbox"/> Phoenix Rescue Mission |
| <input type="checkbox"/> Ascension Book & Gift Store | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Stewardship Ministry |
| <input type="checkbox"/> Baptism/Confirmation | <input type="checkbox"/> Healing Prayer Eucharist | <input type="checkbox"/> Sunday Coffee Hour |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Honduras Medical Missions | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> ICM Food/Clothing Bank | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Chalice Bearer | <input type="checkbox"/> Infant & Toddler Childcare | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Christ Church School | <input type="checkbox"/> Knitting Ministry | <input type="checkbox"/> Vestry |
| <input type="checkbox"/> Community of Hope | <input type="checkbox"/> Lector | <input type="checkbox"/> Weddings |
| <input type="checkbox"/> Daughters of the King | <input type="checkbox"/> Memorial Garden | <input type="checkbox"/> Women's Bible Study |
| <input type="checkbox"/> Duet Help for Older Adults | <input type="checkbox"/> Memorial Services | <input type="checkbox"/> Worship Services |
| <input type="checkbox"/> Education for Ministry | <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Evening Prayer | <input type="checkbox"/> Music & Choir | <input type="checkbox"/> _____ |

(OVER)

Adult 2 _____ Maiden Name _____
(First) (Middle) (Last)

DOB: _____ E-mail _____ **Want to receive weekly E-Newsletter?** Yes No

Preferred phone # _____ Cell Phone Landline

Baptism Date/Place _____ Confirmation Date/Place _____

Please let us know if the following information may be included in the Church Directory:

Name Address Phone Email

Have you submitted membership paperwork? Yes No

If no, would you like to become a member? Yes No

Please indicate areas where you currently **Serve In Love** at Christ Church of the Ascension:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acolytes | <input type="checkbox"/> Family Events | <input type="checkbox"/> New Member Welcome |
| <input type="checkbox"/> Adult Education Classes | <input type="checkbox"/> Family Services | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Altar Guild | <input type="checkbox"/> Flower Guild | <input type="checkbox"/> Phoenix Rescue Mission |
| <input type="checkbox"/> Ascension Book & Gift Store | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Stewardship Ministry |
| <input type="checkbox"/> Baptism/Confirmation | <input type="checkbox"/> Healing Prayer Eucharist | <input type="checkbox"/> Sunday Coffee Hour |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Honduras Medical Missions | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> ICM Food/Clothing Bank | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Chalice Bearer | <input type="checkbox"/> Infant & Toddler Childcare | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Christ Church School | <input type="checkbox"/> Knitting Ministry | <input type="checkbox"/> Vestry |
| <input type="checkbox"/> Community of Hope | <input type="checkbox"/> Lector | <input type="checkbox"/> Weddings |
| <input type="checkbox"/> Daughters of the King | <input type="checkbox"/> Memorial Garden | <input type="checkbox"/> Women's Bible Study |
| <input type="checkbox"/> Duet Help for Older Adults | <input type="checkbox"/> Memorial Services | <input type="checkbox"/> Worship Services |
| <input type="checkbox"/> Education for Ministry | <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Evening Prayer | <input type="checkbox"/> Music & Choir | <input type="checkbox"/> _____ |

Names of children:

1. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

2. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

3. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

Please list any information that will be helpful to the staff of Christ Church of the Ascension concerning special circumstances or requests involving your information. _____

SIGNATURE: _____ **DATE:** _____

Please return this signed form to the church office, the CONTACT FORMS basket in the Narthex, or scan and email it to info@ccaaz.org.