

**ALTAR SERVER TRAINING
REGISTRATION & INFORMATION FORM**
(please print clearly)

Server Last Name: _____

Server First Name: _____

Server Mailing Address: _____
Number Street

City Zip Code

Parent Email Address:
(Required)

Please print carefully

Parents' Names: _____ / _____
(Mother First & Last) (Father First & Last)

Phone Number: _____

What grade are you in? _____ What school do you attend? _____

Is St. Michael your home parish? _____ Yes _____ No, my family attends _____
Parish Name

Indicate your first and second choice for Weekend Masses to serve:

_____ 4:00pm Saturday Vigil

_____ 8:30am _____ 10:30am _____ 12:30pm

How many times per month can you serve? _____ x1 _____ x2 _____ x3 _____ x4/as many as needed

_____ My family attends a different parish so I can only serve at school Masses during the weekdays

Do you have another family member that is an altar server, EMHC or Lector with whom you need to be scheduled?

_____ Yes _____ No

- ☐ I understand that scheduling is done quarterly through Ministry Scheduler Pro and understand that a parent will need to log in to the site on a regular basis to update my server(s) availability to serve each quarter.
- ☐ I understand that serving at the altar of Our Lord is a privilege that requires commitment. Along with my attendance at regularly scheduled Masses, I will volunteer to help or substitute whenever possible and I will participate in the extra needs that occur during the liturgical year.

Server Signature

Parent Signature

Today's Date ____/____/____

Please return this form to the Parish Office Attn: Altar Server Coordinator