

Children's Ministry Registration Form

Check items needed for your child this year: Offering Envelopes Memory Book

S.S. class _____ Today's Date: _____

We ask you to supply the information requested to help us provide a safe and secure environment for your child.

Child's Name: _____ Nickname: _____

Father: _____ Mother: _____

Address: _____ City & Zip: _____

Phone #: _____ E-mail: _____

Age (must be 3 by Sept. 1): _____ Child's Date of Birth: _____

Grade in School: _____ Name of School: _____

Allergies and other medical conditions:

Does your child have any fears? What is helpful for your child if he/she experiences this fear?

Name of person(s) authorized to pick-up child at the classroom:

_____ Relationship: _____

_____ Relationship: _____

For children in grades 1-5: I desire my child to be released independently.

Parent signature: _____

Responsible person if parent is not present in church building during Sunday School:

_____ Relationship: _____

Another phone # for emergency: _____

In the unlikely event of an emergency, I give permission for a trained volunteer or staff person of the congregation to provide first aid care or to seek medical/dental treatment for my child if needed. I understand that every effort will be made to contact me first in such an emergency.

Parent Signature: _____ Date: _____

(CONTINUE ON BACK)

PHOTO RELEASE INFORMATION:

Do you give your permission for photographs of your child to be used in CLC printed materials?

Yes No (please circle one)

Do you give permission for photographs of your child to be used on the church website?

(Names of children are always withheld) Yes No (please circle one)

Signature: _____ Date: _____

We invite you to take part in this special ministry. (Please check what interests you).

___ Filling in (as sub) to help teach a class (___I would prefer some kind of training for this)

___ Donating for special events (e.g. ice cream Sunday in Oct.)

___ Assisting with special events (e.g. scooping ice cream; serving snacks; reading to a class before Christmas service, etc.)

___ Prayer support ___ Delivering food pantry items (or other mission projects)

___ I have another idea: (Please share!) _____

___ I am unable to help at this time.

Preferred Method of Contact: e-mail phone (please circle one or both)

We asked you to answer the following questions so we can partner together in nurturing the spiritual growth of your child.

Is your child baptized? _____ Date: _____

Does your child enjoy singing? Always Usually Occasionally Seldom No

Does your child enjoy playing a musical instrument? _____ Specify: _____

What educational activities does your child enjoy in particular? (e.g. crafts, art, physical activity, drama?)

Would you be interested in finding out more about family devotions and ways to pray at home?

How else can our Sunday School help you guide the spiritual growth of your child?