

Children's Ministry Registration

SUNDAY SCHOOL AND/OR KIDS OWN WORSHIP - 2010-11

Please and complete this form for each child participating in Children's Ministry.

Please Print CLEARLY:

CHILD'S NAME:

(Last) _____ (First) _____

BIRTH DATE: _____ MALE: ___ FEMALE: ___ GRADE _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

DAY PHONE: () _____ EVE PHONE: () _____

E-MAIL ADDRESS (OPTIONAL) _____

CUSTODIAL PARENT(S)/GUARDIAN: _____

HOME PHONE: () _____ CELL PHONE: () _____

LIST ANY COURT-APPOINTED RESTRICTIONS: _____

How often will your child be attending Sunday School (9:30)

- Never
- Once a quarter
- Once a month
- Twice a month
- Three x's month
- Every week

How often will your child be attending Kid's Own Worship (11:00 for children 4yrs.-8yrs.)

- Never
- Once a quarter
- Once a month
- Twice a month
- Three x's month
- Every week

PLEASE TURN OVER AND COMPLETE OTHER SIDE.....

MEDICAL INFO

*FAMILY DOCTOR: _____

OFFICE PHONE: (_____) _____

*HOSPITAL PREFERENCE _____

*ANY HEALTH PROBLEM (S)?
(I.E. ASTHMA, DIABETES, SEIZURES?) IF YES, PLEASE EXPLAIN

*ALLERGIES?

FOOD _____

INSECTS _____

MEDICINE _____

ENVIROMENTAL _____

OTHER _____

*Parents will be called out of adult Bible study or service in case of emergency
Regular location of parent during S.S. hour:

- Adult Bible study?
- Worship service?
- Teaching Sunday School

Is there anything else we should know about your child? (i.e. vision/hearing problems, any special needs?)

Permission for: (To be used for Trinity's purposes only- No names will be used)
Videotaping/Photos

Yes _____ No _____

May we e-mail you with Children's Ministry information, schedules, & events?

Yes _____ No _____

Authorization

Parent/Guardian _____ Date _____
(Signature)

Office Use Only

Entered data base/Date _____

Entered Family list/Date _____