

First Baptist Church

Children's Ministry Program Registration Form

One per family

Please make sure to fill in your details for the fields marked *

Parent(s) Name - First and last names, please

Address

City and Postal Code

Phone 1

Phone 2

Emergency Contact - Name and Phone

Email - Email of the parent of child

First Child's Full Name* - Full Name of Child; e.g., Robert John Smith

DOB - Date of Birth

Fall Grade

Allergies - or other medical conditions that we need to know about (if none - please type none)?

Please click on each item you want to register this child for:

1st Hour Sunday school

2nd Hour Sunday school

2nd Hour Choir/Hand Bells (when program is available)

Second Child's Full Name - Full Name of Child; e.g., Robert John Smith

DOB - Date of Birth

Fall Grade

Allergies - or other medical conditions that we need to know about (if none - please type none)?

Please click on each item you want to register this child for:

1st Hour Sunday school

2nd Hour Sunday school

2nd Hour Choir/Hand Bells (when program is available)

Third Child's Full Name - Full Name of Child; e.g., Robert John Smith

DOB - Date of Birth

Fall Grade

Allergies - or other medical conditions that we need to know about (if none - please type none)?

Please click on each item you want to register this child for.

1st Hour Sunday school

2nd Hour Sunday school

2nd Hour Choir/Hand Bells (when program is available)

Please indicate by name, who is authorized to pick up your child/children from class:

Name

Relationship to child

Name

Relationship to child

Name

Relationship to child

Volunteer Signup Sheet

We feel it is essential for parents to be involved with serving in our Children’s Ministry areas.

Please indicate where you would feel most comfortable serving:

1st Hour Sunday school Babies/Toddlers Helper

1st Hour Sunday school Kindergarten to Grade 6 Teacher/Helper

2nd Hour Sunday school Babies/Toddlers Helper

2nd Hour Sunday school Kindergarten to Grade 6 Teacher/Helper

I would prefer _____Teacher _____Helper

***Please indicate by printing your name in one week per month in which you would be available to assist, on the attached signup sheet.**

Once we have all forms processed a completed schedule will be posted outside each classroom door in the Christian Education building.

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
SUN		2			1			1		
SUN	4	9	6	4	8	5	4	8	6	3
SUN	11	16	13	11	15	12	11	15	13	10
SUN	18	23	20	18	22	19	18	22	20	17
SUN	25	30	27	25	29	26	25	29	27	24
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	MAY

First Baptist Church

AUTHORIZATION FOR MEDIA RELEASE

From time to time, First Baptist Church will post event photos on our website. I further authorize First Baptist Church to include photos of myself and/or my children to be viewed online. First Baptist Church does not include names attached to any photos for security reasons. I further release and hold harmless First Baptist Church from any and all liability that may potentially result from the release and/or use of such information.

____ Yes I hereby give First Baptist Church permission to publish my child/children's photos on our website.

____ No, I do not give First Baptist Church permission to publish my child/children's photos on our website.

Parent Full Name (please print)

Child's Full Name (please print)

Second Child's Full Name (please print)

Third Child's Full Name (please print)

Signature

Date