



UCiM Children's Church Registration 2016/2017

1 **CHILD'S NAME:** _____

AGE: _____ **BIRTHDATE:** _____ **SCHOOL GRADE:** _____

Parent(s) Names: _____

Telephone #: _____ **Telephone #:** _____

E-mail Address: _____ **E-mail Address:** _____

Mailing Address: _____

2. **SPECIAL NEEDS:** Food allergies, medical concerns, epi-pen use, emotional needs, etc., of which we should be aware to keep your child and other children safe:

OTHER GUARDIANS: who else may pick up this child from Children's Church?

3. ***It takes a village to raise a child and a congregation to raise our children in faith.***

It is our expectation that everyone in the church, parents and non-parents alike, will take a turn in leadership in our Children's Church and associated activities. When will you assist?

(Even if you can't make every Sunday in a session, your assistance is needed.)

Please circle the Session in which you prefer to help:

Session 1

Session 2

Session 3

Session 4

Session 5

Sep 27-
Nov 8

Nov 15 -
Dec 20

Jan 10 -
Feb 21

Feb 28 -
Apr 17

Apr 24
June 5

Helping Parent's Name (1): _____

Circle the Age Group you prefer to help with: 3-4 K-G1 Gr 2-4 Gr 5-6

If contact information is different than above, please include phone or email _____

Helping Parent's Name (2): _____

Circle the Age Group you prefer to help with: 3-4 K-G1 Gr 2-4 Gr 5-6

If contact information is different than above, please include phone or email _____

4. **Photo Release:** Throughout the year, we will be taking photographs of SS children participating in different events. These photos will be posted in the church as well as on the UCiM website. Names of children will not appear with photos. **Please Initial if you DO NOT wish your child's image to appear in any posting to our website or social media:** _____.