

SYSTEM ENTRY: _____

FAMILY IDENTIFICATION NUMBER: _____

2009-2010 Pitts Baptist Children's Ministry Registration Form

Family Info

Child's Name _____

Birth date _____ Grade _____ Gender _____ Age of child on Aug 31, 2009 _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Dad's Email Address _____

Mom's Email Address _____

Parent/Guardian's Name (s) _____

All children MUST have a parent or responsible ADULT party on the church grounds during these activities.

Ministries In Which Child Will Be Enrolling

Sunday School

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Crawlers | <input type="checkbox"/> First Grade |
| <input type="checkbox"/> Ones | <input type="checkbox"/> Second Grade |
| <input type="checkbox"/> Twos | <input type="checkbox"/> Third Grade |
| <input type="checkbox"/> Threes | <input type="checkbox"/> Fourth Grade |
| <input type="checkbox"/> Fours | <input type="checkbox"/> Fifth Grade |

AWANA

- Nursery (6 weeks—1 year)
- Puggles (2 years by August 31)
- Cubbies (3 years by August 31 —PreK)
- Sparks (Kindergarten—2nd grade)
- T&T (3rd-6th grades)

Parent Location: _____

Choir

- Nursery (6 weeks—2 years)
- Preschool Choir (3 years-Kindergarten)
- Children's Choir (1st—5th grades)

Parent Location: _____

(OFFICE USE ONLY) Child's Sunday School Class: _____ Parent's Sunday School Class: _____

Medical Information

Emergency Contact (Other than parent) _____ Phone _____

Allergies _____

Medical Conditions _____

Medications _____

Pediatrician _____ Phone _____

Health Care Company _____ Policy Number _____

By signing below, I certify the information above is correct. As a parent/guardian, I do herewith authorize the treatment by qualified and licensed medical personnel of the above named person in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. However, I understand this authority is granted only after a reasonable effort has been made to reach the parent/guardian.

This release will be in effect on the dates starting August 2009 and continuing through August 2010. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company, as named above to be billed for any and all medical fees and services should they be needed and to release employees and charters of Awana Clubs International and/or Pitts Baptist Church from this liability.

_____ (Signature of Parent/Guardian)

As the church staff works to partner with and equip my family, I will support and be involved with the preschool/ children's ministries as a leader, helper, teacher, or as needed. I also understand that due to liability reasons, **at least one parent / guardian or responsible adult party must be on campus during Sunday and Wednesday children's activities in order for my child to participate.** _____ (Please initial)

I give Pitts Baptist Church permission to use my child's image on publications including the church web page. _____ YES _____ NO (Please initial)