

Children's Ministries Sunday Registration Form

Check One: Regular Member/Attender Visitor Looking for Church Home



STEP 1: PARENTS'/GUARDIANS' INFORMATION

Mother/Guardian First Name _____ Last Name _____ Cell Phone _____ E-mail _____
 Father/Guardian First Name _____ Last Name _____ Cell Phone _____ E-mail _____
 Street Address _____ City _____ State _____ Zip _____ Home Phone _____
 Emergency Contact, if parent/guardian cannot be reached: Name _____ Phone _____

Parents'/Guardians' Location 8 a.m. _____ 9:30 a.m. _____ 11 a.m. _____ 6 p.m. _____

If your location changes on any given Sunday, it is your responsibility to change it on your child's tag for that Sunday.

Independent Release Policy: Children younger than First Grade must be picked up. Since children First through Sixth Grade are Independently Released, please establish a meeting place with your child(ren).

On-site Policy: Parents/Guardians with children younger than Kindergarten must remain on-site at College Church facilities throughout the duration of their child's class.

STEP 2: CHILDREN'S INFORMATION

Name	Gender	Birth Date mm/dd/yr	Grade in School	School Attending	Child ever been diagnosed with a chronic transmittable disease, such as HIV, AIDS, or Hepatitis?	Special Needs/Medical Needs/ Allergies/Custodial Issues Additional Information can be written on the back	Life- Threatening Needs* Yes/No	Photo** Yes/No	Field Trip*** Yes/No
(1)									
(2)									
(3)									
(4)									
(5)									

***Life-Threatening Needs** - If this child has a life-threatening situation (allergy, severe asthma, etc.) we will need to develop a classroom action plan, including symptoms and treatment options.

****Photo** - May this child be photographed and picture used in any College Church print or electronic media?

*****Field Trip** - May this child accompany his/her class on walking field trips supervised by Children's Ministries volunteers?

STEP 3: RELEASE SIGNATURE

Medical Release

In the event that this child is injured and I cannot be reached, I grant permission to the adult in charge of this child to grant permission for emergency medical treatment and I agree to be financially responsible for that treatment.

I authorize College Church in Wheaton to disclose the health and medical information of this child, that I provided above, including any HIV/AIDs related information, to church staff and volunteers for purposes of caring for this child and taking precautions to protect others while this child is under the supervision of College Church.

This authorization will remain in effect until revoked in writing to the Director of Children's Ministries at College Church, 332 E. Seminary Avenue, Wheaton, IL 60187.

Authorized by: _____ Date: _____ Relationship to Child: _____

For Office Use Only: New Contact _____ Arena _____

(1) KH Class _____ (2) KH Class _____ (3) KH Class _____ (4) KH Class _____ (5) KH Class _____

Class Roster _____ Binder Roster _____ Name Tag (1-6) _____ Attnd Sheet (1-6) _____