



**First Evangelical Free Church
2010-11 SUNDAY SCHOOL
REGISTRATION/RELEASE FORM**

Parent or Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work or Cell Phone # _____

Email Address: _____

Individuals Permitted to pick up the Child(ren): _____ Relationship to the Child(ren): _____

Parent/Guardian location or activity during Sunday morning programming: _____

	Child 1	Child 2	Child 3
Name (first and last)			
Gender (male or female)			
Birth date & Age			
Grade during 2010-11 School Year			
Special Needs			
Activities your Child will Attend	<input type="checkbox"/> Sunday School <input type="checkbox"/> KIDS Church <input type="checkbox"/> Children's Choir <input type="checkbox"/> Timothy Team	<input type="checkbox"/> Sunday School <input type="checkbox"/> KIDS Church <input type="checkbox"/> Children's Choir <input type="checkbox"/> Timothy Team	<input type="checkbox"/> Sunday School <input type="checkbox"/> KIDS Church <input type="checkbox"/> Children's Choir <input type="checkbox"/> Timothy Team

PARENTAL CONSENT/ MEDICAL RELEASE

I, _____, being the legal guardian of child(ren) listed above, give my permission for him/her to participate in Sunday morning activities for 2010-11, under the direction of the leaders. The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified/licensed medical doctor 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, while said minor is participating in Sunday morning activities, including transportation by First Evangelical Free Church to and from the event site. **This authority is granted only after a reasonable attempt has been made to contact me.**

The undersigned requests that the church allow the above minor(s) to participate in Sunday morning activities and in consideration thereof, agrees to hereby release and forever discharge the church, officers, directors, employees and any persons volunteering on behalf of the church, from all actions, claims, costs, expenses, or damages of any kind growing out of, or related to the events in which the minor participates.

Signature _____ Date _____

Medical Information:

Medical Insurance Co. _____
 Policy No. _____ Insurance Co. Phone Number _____

Please list any known medical conditions, allergies, and medications, etc., that your child is taking which would be helpful to those working with your child.

Child's name: _____ Allergy/Condition: _____

Child's name: _____ Allergy/Condition: _____

Conduct Code (please initial after reading _____)

It is understood that the children's workers have authority to resolve disciplinary problems that may arise and to notify parents and the Pastor of Children's Ministries.

In extreme disciplinary cases, children may be removed from the morning's activities and parents contacted in order to pick up their child. In such cases, the child would be welcome to return the following week only after approval of the Pastor of Children's Ministries.

_____ I give permission for my child(ren)'s image(s) to be used in First Free's publications, video or website.

PARENT PARTICIPATION OPPORTUNITIES

Parent participation is vital to the success of Children's Ministries. Every parent of children enrolled in our Nursery through Fifth Grade programs is strongly encouraged to participate in some way- either on a regular basis or assisting with special projects or events. Here are some of the opportunities for you to become involved. (Please check any areas of interest so that we can contact you with further details.)

Nursery	Toddler	Preschool - K	Elementary Sunday Morning (Grades 1-5)	
<input type="checkbox"/> Worker <input type="checkbox"/> Substitute <input type="checkbox"/> Laundry <input type="checkbox"/> Sanitize Toys <input type="checkbox"/> New Mothers Mailings <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Getting Supplies	<input type="checkbox"/> Lead Teacher <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute <input type="checkbox"/> Lesson Prep <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Sanitize Toys	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute <input type="checkbox"/> Song Leader <input type="checkbox"/> Story Teller <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Sanitize Toys <input type="checkbox"/> Lesson Prep <input type="checkbox"/> Puppets/Skits <input type="checkbox"/> Crafts	Sunday School <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute <input type="checkbox"/> Lesson Prep <input type="checkbox"/> Crafts KIDS Church <input type="checkbox"/> Church Helper <input type="checkbox"/> Song Leader <input type="checkbox"/> Story Teller <input type="checkbox"/> Puppets/Skits <input type="checkbox"/> Audio/Visual Children's Choir <input type="checkbox"/> Choir Helper	General <input type="checkbox"/> Memory Verse Program Asst <input type="checkbox"/> Read-Aloud time <input type="checkbox"/> Check-in Desk <input type="checkbox"/> Curriculum Development <input type="checkbox"/> Hospitality <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Mailings <input type="checkbox"/> Transition Time Helper <input type="checkbox"/> Special Events <input type="checkbox"/> Teacher Apprec