

WC Kids Enrollment Form

Sunday Mornings 2009–2010

One Form per Family. Please include children birth to 6th grade.

Child's Information

Names of additional children on reverse

Full Name _____ Name child goes by _____

Birthday _____ Age _____ M F Grade _____ School _____

Mailing Address _____

City _____ Zip _____ Phone _____

Medical Concerns/Allergies? _____

Please indicate the service(s) your child(ren) will most likely attend: _____ 10:00 _____ 11:30

Parent/Guardian Information

Name _____ Relationship _____

Email _____ Cell _____

Name _____ Relationship _____

Email _____ Cell _____

Would you like to receive our weekly email? Yes No

Names of others authorized to pick up your child(ren) _____

Service Opportunities—Choose One

I understand that we need to serve in my child's classroom 4 times this year. Please contact me about serving in the following months: *September '09 October '09 November '09 December '09 January '10 February '10 March '10 April '10 May '10 June '10 July '10 August '10*

I would like a longer-term commitment. Please contact me. I would like to serve as:

*Classroom lead teacher Classroom assistant Greeter Paradise Mt. store helper
Attendance Taker Cookie Baker Midweek Office helper (W-F)*

Media Release

Westminster Chapel requests the right to use any photo and/or any film taken of my son/daughter in any Westminster publication/film/website. I realize that any photo's and/or film taken of my child will be used for promotional ministry only and will not be distributed beyond this use.

I give my consent to the Release of Photos/Video _____

I **do not** give consent to the Release of Photos/Videos _____

I have read the above statements and give my consent.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date (M/D/Y)

TURN OVER FORM TO WRITE NAMES OF ADDITIONAL CHILDREN IN YOUR FAMILY

Names of additional children in your family:

Full Name _____ Name child goes by _____

Birthday _____ Age _____ M F Grade _____ School _____

Medical Concerns/Allergies? _____

Full Name _____ Name child goes by _____

Birthday _____ Age _____ M F Grade _____ School _____

Medical Concerns/Allergies? _____

Full Name _____ Name child goes by _____

Birthday _____ Age _____ M F Grade _____ School _____

Medical Concerns/Allergies? _____

Full Name _____ Name child goes by _____

Birthday _____ Age _____ M F Grade _____ School _____

Medical Concerns/Allergies? _____

Children's Ministry Use Only:

Date Received _____ Copy _____ Check In _____ Nametag _____ Email _____ Database _____