

FALL REGISTRATION 2015

Children's Ministry

Parent or (Volunteer) contact info:

Name _____

email _____

phone # Cell _____ **Hm #** _____

allergies or special info?

Child's name _____ grade/ age _____

Child's name _____ grade/ age _____

Child's name _____ grade/ age _____

Child's name _____ grade/ age _____

We will attend: (please check all that apply)

Sunday morning worship (ages of children)

10 am () nursery **Sunday School** () Preschool () K / gr 1

10:30 am **Sunday School** () gr 2/3 () gr 4/5

11:30am- 12:15 Sunday *Disciple Time* () nursery /Pre K () gr K-5

Wednesday Nights

() 5:30- 6:30 Dinner in Community Room

() 6:30- 8 pm AWANA () K- gr 6 () Childcare under age 5

ALSO fill out contact info if you would like to volunteer

() I would like to volunteer in **Sunday school** () 4 wk () 8 wk

() I would like to volunteer in **Awana**

age / grade preferences? _____