

Fifth Avenue United Methodist Church

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Greetings Kids' Ministry Families,

It's an exciting time at Fifth Avenue United Methodist Church because on February 9, 2025, our "Kids' Ministry" will once again be welcoming children aged three through 5th grade to come and discover that Jesus' love, grace and forgiveness is for them.

My name is Sherie Kruse. I came to Fifth Avenue United Methodist Church after retiring last May. This however is not the first time I've walked with children helping them know Jesus because that was exactly what I did in my job as a Deacon in an area congregation. Once again, I've been blessed as Pastor Hae-Jeong asked if I would be willing to use my gifts to walk in faith with the children of this congregation.

Each Sunday, your family will begin worship together in the sanctuary. Following the Children's Message I will take the kids to the Fireside Room. The Fireside Room is the last room down the hallway to your left as you enter the "North Entryway" front doors. After worship, please come to the room to pick your child(ren) up.

During our time together we will hear a Bible Story and discover how this story applies to our lives by engaging in various activities. Sometimes we'll create a snack, other times we'll play a game, do a craft as well as sing a few kid-friendly faith songs.

Prayer is an important part of living our faith. We will discover that talking with Jesus is like talking to our best friend. Afterall, Jesus, as our best friend, wants us to spend time with Him. We will also work on learning The Lord's Prayer.

What's important for all of us to remember is that God's love, grace and forgiveness is for all of us, including children.

I am looking forward to sharing Jesus with your children and having them share Jesus with me.

Grace and peace,

Sherie Kruse



Fifth Avenue United Methodist Church West Bend, Wisconsin



Registration Form for Kids Ministry February 9 thru May 18, 2025

Parents and Caregivers please complete our Kids Ministry form in order that we can best help your child(ren) grow in Jesus' love and at the same time keep them safe while in our care.

1.	Parent/Guardian Name
	Address
	Email Address
	Phone Number
2.	Parent/Guardian Name
	Address
	Email Address
	Phone Number
_	
3.	Emergency Contact Name
	Emergency Contact Phone Number
4.	Is it acceptable to post the child(ren) picture on the Web, on either the Church Website or Facebook? Names will not be placed anywhere on the Website/Facebook.
	Yes, it is acceptable No, it is not acceptable

Name(s) of the child(ren) you're registering:

•	but he/she likes to be called					
	(First, Middle, Last Name)					
Birthdate		Age	Grade	-		
if your chi	ld has any food allergies,	please list	all foods they are allergic too.			
Does you	child have any health co	ncerns we	need to be aware of?			
2	(First, Middle, Last Name)		but he/she likes to be called			
Birthdate		Age	Grade	_		
lf your c	If your child has any food allergies, please list all foods they are allergic too.					
Does you	ur child have any health c	oncerns we	e need to be aware of?			
3	(First, Middle, Last Name)		but he/she likes to be called			
Birth	dateAg	se	Grade			
Does	your child have any food	d allergies a	and to what?			
Does	vour child have any heal	lth concerns	s we need to be aware of?			

		but he/she likes to be ca	lled		
(First, Middle, Last Name)					
Birthdate	Age	Grade			
Does your child ha	ave any food allergi	es and to what?			
Does your child ha	ve any health conc	erns we need to be aware of?			
		but he/she likes to be	called		
(First, Midd	lle, Last Name)				
Birthdate	Age	Grade			
Does your child h	ave any health con	erns we need to be aware of?			
ial Notes or Reques	ts:				
	Does your child had been poes your child had b	Does your child have any food allerging. Does your child have any health concern. (First, Middle, Last Name) BirthdateAge Does your child have any food allerging.	(First, Middle, Last Name) Birthdate Age Grade Does your child have any food allergies and to what? Does your child have any health concerns we need to be aware of? but he/she likes to be (First, Middle, Last Name) Birthdate Age Grade Does your child have any food allergies and to what? Does your child have any health concerns we need to be aware of?		

RELEASE FORM: The undersigned, being the parent or legal guardian of the child(ren) named above, do hereby consent to the participation of said child in all of the activities of Kids Ministry at Fifth Avenue United Methodist Church. I/We understand that the church will notify a parent or guardian in case of a medical emergency involving said child; however, in the even a parent or guardian cannot be reached, the church is expressly directed and authorized to seek necessary medical attention and serves on behalf of said child in the event said child is injured or becomes ill, including, but not limited to medical or surgical care, including diagnosis and treatment to be rendered to him/her by a licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader/sponsor of the children ministries of Fifth Avenue United Methodist Church, West Bend, Wisconsin. The undersigned assumes full financial responsibility of such care, including prescribed medications and transportation by ambulance and agrees to make full payment for same upon receipt of statement of fees. I/We do hereby for a good and valuable consideration, agree to indemnify and hold harmless Fifth Avenue United Methodist Church, West Bend, Wisconsin, staff and sponsors from any and all actions, claims, demands, suits or other liabilities which may result from the above named minor(s) involvement in Kids Ministry as stated above.

I have read and agree to the	his release form.
Yes, I agree	No, I do not agree
Signature of Parent/Gua	rdian:
Date(Example: Janua	ry 30, 2025)