

Chestnut Level Presbyterian Church
Children's Discipleship Registration 2013-2014
Birth through 5th Grade

Jesus said. : "Come follow me."

Chestnut Level Children's ministries: Working together with parents to grow life-long followers of Jesus

Child's Name _____ Gender M F Birth Date _____ Fall '13 Grade ____
(Complete one form per child)
Mother's Name _____ Father's Name _____
Address _____ Address (if different from mother's) _____
City _____ Zip _____ City _____ Zip _____
Phone most often used _____ Phone most often used _____
Email _____ Email _____

Other than yourself /spouse, who is authorized to pick up your child for the activities you have checked below?

May we use a photo with your child in it on our website or in any printed material? yes no

Jesus said, "Welcome children" and "make disciples":

Children's ministry is a shared ministry with parents and the Body of Christ. Children are blessed to have their parents involved! There are a variety of time commitments available because of life's schedules.

If you have not already signed up to serve, please mark one of the following ways you will help.

- I am already involved!
Please call me about serving as:
 Nursery Volunteer (Wednesday evening or Sunday morning)
 Sunday school teacher/helper (Sunday morning)
 Children's Worship Leader/helper (Sunday morning)
 WNA (Wednesday evening)
 another way I could help is _____

Child Registration- I would like my child to be involved in:

Sunday Mornings

- Nursery** birth through age 2; open from 9:30 a.m. until 11:30 a.m.
 Sunday school ages 3 – 5th grade beginning at 9:30 a.m.
 Children in Worship ages 3 – 2nd grade, during 8:00 and 10:30 worship service

Wednesday Evenings

- Nursery** birth through age 2; 6:30 p.m. – 7:30 p.m.
 Choir *Circle one* (Cherub choir, age 3-2nd grade; Sing Ring, Rejoice, 3rd – 5th grade; 6:00-6:25pm)
 Kid Connection *Circle one* (preschool ages 3 -5, K-1st grade, 2nd – 3rd grade, 4th – 5th grade) 6:30-7:30
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Medical Information for Child Safety

My child has medications, allergies or other information pertinent to medical care:

Yes (provide complete information on the back) No

In case of emergency, if parents cannot be reached, please call:

Name _____ Relationship _____ Phone _____

I understand that every effort will be made to reach me in the event of an emergency. I give my permission for the personnel of Chestnut Level Presbyterian Church to secure emergency medical treatment as deemed necessary. I agree to assume financial responsibility for this treatment.

Please call Dr. _____ Phone _____

Signature of Parent or Guardian

Date

Allergy Alert

My child _____ is allergic to:

1 _____ 2 _____ 3 _____

If he/she would have an allergic reaction while in any of the activities at Chestnut Level Presbyterian Church, this is what you would see.

These are the steps to take:

1st Step Children's staff should take

If no improvement after _____ minutes what should be done next

Is there any other information we should have?

Parent Signature

Date

All medications require written authorization. Each prescription medication must be in the original container with the directions and label intact. Clear and complete instructions must be provided. I authorize Chestnut Level Presbyterian Church ministry staff to administer _____ to my child in the event of an allergic interaction.

Parent Signature

Date