



2018-2019

# Enrollment Form

This form is for children BIRTH through FIFTH GRADE

### ONE FORM PER CHILD

Child's Name \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ County \_\_\_\_\_

Family Email \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Child lives with:  both parents  mother  father  step parent  grandparents  foster/other

Parents Sunday School Class \_\_\_\_\_ Worship Service You Attend  9:15  10:45

Birth Date _____/_____/_____
Sex: Male _____ Female _____
Current Age _____
Grade ('18 - '19) _____

Father's Name _____
Cell Number _____
Work Number _____
Email _____
May we send you text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No

Mother's Name _____
Cell Number _____
Work Number _____
Email _____
May we send you text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No

**List any health or special needs your child has including educational challenges:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List names of all people authorized to pick up your child (No one under the age of 14):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Children's Ministry is highly dependent on volunteers. All parents are strongly encouraged to serve in some capacity. Please check below any areas that apply to your area of interest. One of the Children's Ministry Staff will contact you with more information or will send you a Volunteer Application to fill out.**

➤ Department:  Nursery  Preschool  Elementary  Other \_\_\_\_\_

➤ Service Time:  Sun. 9:15  Sun. 10:45  Wed. 7:00 p.m.  Other \_\_\_\_\_

➤ Interest:  Caregiver  Teacher/Asst.  Music  Other \_\_\_\_\_

**In the event of an emergency, I authorize first aid or medical treatment for this child and I release Pinedale Christian Church from any and all responsibility in connection therewith.**

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_