

Greensburg Alliance Church ~ Children's Ministry Registration 2025-2026

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM. THANK YOU!

Child #1 – (Full Name) _____

☐ Male ☐ Female Date of Birth _____ / _____ / _____ Age _____
☐ Nursery (birth to 2) ☐ Preschool 2 & 3 ☐ Pre-K (4 years old) **Is your preschooler potty trained?** _____
 Grade for 2025-2026 school year ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Child #2 – (Full Name) _____

☐ Male ☐ Female Date of Birth _____ / _____ / _____ Age _____
☐ Nursery (birth to 2) ☐ Preschool 2 & 3 ☐ Pre-K (4 years old) **Is your preschooler potty trained?** _____
 Grade for 2025-2026 school year ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5




Child #3 – (Full Name) _____

☐ Male ☐ Female Date of Birth _____ / _____ / _____ Age _____
☐ Nursery (birth to 2) ☐ Preschool 2 & 3 ☐ Pre-K (4 years old) **Is your preschooler potty trained?** _____
 Grade for 2025-2026 school year ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Child #4 – (Full Name) _____

☐ Male ☐ Female Date of Birth _____ / _____ / _____ Age _____
☐ Nursery (birth to 2) ☐ Preschool 2 & 3 ☐ Pre-K (4 years old) **Is your preschooler potty trained?** _____
 Grade for 2025-2026 school year ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Check for Each Child **Child #1** **Child #2** **Child #3** **Child #4**

Sunday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awana		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VBS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Use Only

Power Church _____

Planning Center _____

Postcard _____

Medical Information or Special Instructions: Has your child been diagnosed with any physical or developmental disability? (Example: Diabetes, Epilepsy, ADHD, Cerebral Palsy, Autism or any other medical condition.) Please explain below so that we may effectively minister to your child. For allergies, list the allergy, cause and effect and what immediate treatment is necessary. Sometimes snacks are given so include any food allergies

Child #1

Child #2

Child #3

Child #4

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PARENT/GUARDIAN INFORMATION

Father's Name _____

Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

EMERGENCY CONTACT

Father's Cell Phone # _____ Mother's Cell Phone # _____

OPTIONAL - Authorization for pick-up by someone other than parent

Name _____

Home Phone # _____ Cell Phone # _____

Relationship to Child _____

NOTIFICATION ALERTS FOR CHILDREN'S MINISTRY & AWANA are sent by app notifications and email for weather cancellations, emergency situations and news updates. How may we contact you?

☐ Email Address _____

You will receive email notifications from "churchoffice.gac@gmail.com"

☐ I will check the App, website, or call the Church Office phone system for notifications



Download our app from the app store,
and enable Children's Ministry
Notifications

Authorization

I authorize Greensburg Alliance Church ministries to photograph my child (children) during church activities for the purpose of power point presentations, slides, bulletin board displays, scrapbooks and/or advertisements of church events.

Please initial _____

In case of an emergency, I authorize first aid and/or medical treatment for this child (children). I release Greensburg Alliance Church from any and all responsibility in connection therewith.

Please initial _____

Doctor's Name _____

Hospital Preferred _____

Signature of Parent/Guardian _____

Relationship to Child (Children) _____ Date _____