

# Greensburg Alliance Church ~ Children's Ministry Registration 2020-2021

**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 2019-2020 school year  K  1  2  3  4  5  6

Check all that apply:  **Sunday Services**  

## **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 #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 2019-2020 school year  K  1  2  3  4  5  6

Check all that apply:  **Sunday Services**    

## **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 #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 2019-2020 school year  K  1  2  3  4  5  6

Check all that apply:  **Sunday Services**    

## **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 #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 2019-2020 school year  K  1  2  3  4  5  6

Check all that apply:   **Sunday Services**    

## **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. \_\_\_\_\_

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## Parent/Guardian Information

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

## For 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 are sent by text message and email for weather cancellations, emergency situations and news updates. How may we contact you?

(Alerts are also posted on our website, greensburgalliance.org, and church office phone system, 724-837-1122)

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

## 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 \_\_\_\_\_