

Greensburg Alliance Church ~ Children's Ministry Registration 2018-2019

Child #1 – (Full Name) _____

Male Female Date of Birth _____ / _____ / _____ Age _____

Nursery (birth to 2) Preschool 2 & 3 Pre-K (4 years old)

Grade for 2018-2019 school year K 1 2 3 4 5 6

Check all that apply:  **Sunday Services**  **Awana** 

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)

Grade for 2018-2019 school year K 1 2 3 4 5 6

Check all that apply:  **Sunday Services**  **Awana** 

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)

Grade for 2018-2019 school year K 1 2 3 4 5 6

Check all that apply:  **Sunday Services**  **Awana** 

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)

Grade for 2018-2019 school year K 1 2 3 4 5 6

Check all that apply:  **Sunday Services**  **Awana** 

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. _____

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM. THANK YOU!

Children's Ministry Registration 2018-2019 Page 2

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)

Text Message – Cell Phone # _____

NOTE - We use a texting notification service. Messages will appear on your phone as "GbgAlliance@symt.us".

If this is your first time signing up, or you are submitting a new cell number, you must "opt-in" as follows: After we add your cell number to our account, you will receive a text message from the texting service. You must reply to the text or you will not receive notifications. Standard text messaging rates will apply.

Email Address _____

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

None of the above; I will check the website or call the Church Office phone system for notifications

Authorization

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. 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** _____

Doctor's Name _____

Hospital Preferred _____

Signature of Parent/Guardian _____

Relationship to Child (Children) _____ Date _____

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM. THANK YOU!