

Children's Ministries Enrollment Form

CHILD INFORMATION

(use one form for each child)

Name _____ Age _____ Birthday __/__/__ Grade in 2009/2010 _____

Address _____
street city zip

Phone _____ Cell Phone _____

Parent's Names _____

Other Adult designated to release my child _____
(applies to nursery - 2nd grade)

Emergency contact other than parents _____ phone: _____

Name of individual bringing child to church _____ (if not parent or guardian)

Other siblings attending VEFC _____

Does child have any allergies? (Specify) _____

Medical problems? _____

Special needs? _____

*If you answered yes to any of these questions, please contact Children's Ministries so that we can properly meet your child's particular needs.

Program Choices:

Please register my child up for the following program(s):

Sunday School 8:30 am

Jr. Worship 10:30 am

If I am not on the church campus, this is where I can be reached by phone during:

Sunday School: _____ Jr. Worship: _____

Teacher use only

Assigned to the _____ class.

Dates Attended : _____; _____; _____; (When child has attended 3 times send to church office.)