



2017-2018

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 Home Phone Number _____

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 ('17 - '18) _____

Immersed Yes No

Father's Name _____

Work Number _____

Cell Number _____

May we send you text messages: Yes No

Email _____

Mother's Name _____

Work Number _____

Cell Number _____

May we send you text messages: Yes No

Email _____

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 _____