



Children's Ministry Activities Registration Form

I would like to register my child (one form per child) for the following activities:

VBS _____ Wed. Night Summer Program _____ AWANA _____

AWANA Clubs

Child's Name: _____ M _____ F _____

Vacation Bible School

Address _____

City _____ Zip _____ Birthday _____

**Summer Fun
Wed. Nights
June-Aug**

Current Grade _____ Age _____ School _____

Parent's Name _____

Home phone _____ Cell phone _____

Are you a church member? ___ Yes ___ No What church are you a member of? _____

In case of emergency, please notify: _____

Phone Number of contact: _____ Relationship _____

Please list any type of alert you feel Leaders should be aware of: (check any that apply)

_____ Allergies _____ Asthma _____ Diabetes _____ Heart Condition
_____ Custody Alert _____ Epilepsy/Nervous System Disorder _____ Other

If you checked any of the above, please give details: _____

Activity Restrictions _____

***If you are registering for AWANA, please indicate the items your child will need for the upcoming year. (No money is required now; payment is not required until September)**

_____ vest (size) _____ shirt (size) What was the last AWANA handbook completed ?
(circle one) Hopper Jumper Skipper Hiker Climber T&T 1 T&T2 T&T3 T&T4

****Please be aware that during all Bethel Children's Ministry Activities security polices apply. If you have any questions in regards to these polices; please ask. We would be happy to provide you with a copy of these safety polices.**

The following adults (must be at least 18 years old) may pick-up my child with proper ID:

Name _____

Name _____

I agree with the security policies in place to protect my child.

Parent Signature _____

Date _____

