



Children's Ministry Registration 2017-18

Wayne Presbyterian Church

Child's Name _____ Grade _____
Birthdate _____ Gender M _____ F _____ Age as of 9/1/17 _____

Parents' Names _____
Address _____

Home phone _____ Cell phone _____ Zip _____

Email address _____

Emergency Contact:

Name _____ Relationship _____
Phone _____

Allergies _____

**Other concerns _____

***Your child is a unique and unrepeatable miracle of God. We are humbled to partner with you in the joy of planting the seeds of the Word of God in his/her life. Please help us get to know your child in ways that might help us be more effective in this ministry. Use the back of this form to tell us a few things about your child. It would be especially helpful to know if there are any special needs of which we should be aware. Anything shared here will be kept confidential in the Children's Ministry Department.*

Dismissal permission:

***Children ages 2 through Kindergarten are to be dropped off AND picked up in their Sunday School classrooms** by a parent or someone designated in writing.

*At the beginning of the Sunday School hour, **all children in grades 1-5 will be dropped of in Room 303** for Joyful Noise.

*At the conclusion of the Sunday School hour, **children in grades 1 and 2 will be picked up in their classrooms** by a parent or someone designated in writing.

***Children in grades 3-5 will be dismissed on their own** at the end of Sunday School unless a parent requests otherwise.

***Initial here if you want your 3rd-5th grade child to remain in the classroom until you pick them up.

My child may be picked up by the following:

Older siblings (Grades 3-5 or older) _____

Other adults _____

I hereby give permission for my child to participate in the Wayne Presbyterian Church Sunday School program and release the church from any and all liability to me and my child as a result of his/her participation. I also understand the WPC does not assume any responsibility for the loss of, or damage to, the personal property of the participant. In the case of an emergency, if I cannot be reached, I give permission to WPC staff to permit hospital personnel and/or a licensed physician to perform emergency treatments and inject or administer drugs in conjunction with such emergency treatment.

Parent's Signature _____

Date _____