



PINERIDGE BIBLE CHURCH

Children's Ministry Registration Form

Today's date_____

Child's full name_____

Address_____

Birth date:_____ Grade completed:_____ School:_____

Father's name_____ **Mother's** Name:_____

Address _____

cell/home_____work_____ cell/home_____work_____

Emergency contact _____ phone_____

Relationship to child_____

Child Pick Up: Please list who (besides parents) may be picking up your child (photo ID required if requested)

Special Needs? ___YES ___NO **(If yes, please fill out back of form)**

Severe allergies? ___YES ___NO (If yes, list:_____)

Family Physician and phone:_____

Photo Release:

My child's photo may be used for internal and publicity purposes, including but not limited to: video, slide shows during Sunday worship service, fliers, brochures, announcements in the bulletin and on our website or facebook page.

___YES ___NO

Medical Release

In the event of a medical emergency, I hereby authorize treatment under the direction of a licensed physician of the above minor child. Authority is granted only after a reasonable effort to reach me by the phone at the numbers listed above. I, the undersigned, assume responsibility of any cost and release Pine Ridge Bible Church from any liability. I am signing this release on my own free will, with the sole purpose of providing medical treatment under emergency circumstances in my absence.

Parent Signature:_____

Child's Special Needs

Dear Parents,

If you have a child with special needs, please fill out the form below. We would love to have your child be involved in our children's ministry programs! This form allows us to better know your child, so that we can make their time here in our programs enjoyable for both you and your child.

Thank you!

ADD/ADHD Down Syndrome Autism Cerebral Palsy
 Sensory Disorder Learning Disabilities Other: _____

Medical Attention

Health Concerns: Please list anything we should be aware of that may require medical attention (besides allergies).

Medical Instructions: For health concerns listed above, please specify any special medical care required.

Classroom Participation

Limitations: Please list any physical or verbal activities/abilities that your child may have trouble doing.

Child's Interests: (Please check/list all that apply)

coloring/crafts puzzles/quiet games active/physical games
 asking/answering questions drama/role-play worship & music
 watching videos reading Other: _____

Group or Individual? Does your child prefer to be by themselves, or will they work well with others?

group individual

If "Individual": Is there anyone in the class your child would be comfortable working with? YES NO

If "Yes": Please name (if applicable): _____

Siblings: Are there any siblings that your child may want to stay in class with? YES NO

If "Yes": Name of child _____ Sunday school class: _____

Additional Information: Please do not hesitate to add anything that would be helpful for us to know!

*“Whoever receives one such child in my name receives me,
and whoever receives me, receives not me but him who sent me.”
Mark 9:37*