



A BIBLICAL LEARNING ADVENTURE OF EPIC PROPORTIONS!

Please complete a registration form for each child/youth and return to the Sunday School room.

Parents/Guardians (names) _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Family e-mail address _____

Cell phone numbers _____

Emergency Contact Names and Numbers (indicate if home or cell numbers)

1. _____

2. _____

CHILD INFORMATION

Name _____ DOB _____ Age _____ Grade _____

Allergies? No What? _____

Learning Needs _____

Parental concerns _____

Sunday School Pick Up Waiver (only for students 12 and older)

I (we), the above named parent(s)/guardian(s), understand that Immanuel United Methodist Church and Faith Alive Kids! requires children participating in Faith Alive Kids! or Faith Alive Kids Too! to be picked up from Sunday School by a parent or authorized adult. In signing this Waiver Form, however, I hereby authorize my child’s Sunday School teacher to allow my child named in the above grade, to leave from class without my presence or the presence of another authorized adult.

Signature _____ Date _____

VOLUNTEER OPPORTUNITIES

We are looking for parents to volunteer to assist Faith Alive Kids! in a number of ways.

Please check the area(s) in which you would like to assist:

_____ Faith Alive Kids! Station Leader (Teach a class) _____ 9:00 a.m. _____ 11:00 a.m.

_____ Faith Alive Kids! Shepherd (Teacher’s helper) _____ 9:00 a.m. _____ 11:00 a.m.

_____ Faith Alive Kids! Too! Helper (11:00 a.m. only)

_____ Faith Alive Kids! Middle Schoolers (Teachers & Teacher’s helper)

_____ Scene Crew (Help create our Bible scenes. Once a month; dates to be determined)

PERMISSION TO USE PHOTOS

Please indicate your permission for your family member’s image to be used as described below:

In order to protect our children and youth, we use photos and videotaped images without names in our print, media, and digital publicity. Please check as many as apply:

_____ I give permission for the above young person’s image to be used without names as described above.

_____ I do not give permission.

_____ I have concerns about this and would like to discuss it with the appropriate representative.

Signature _____ Date _____