

# Children's Ministries Registration 2017 - 2018

## Registration Information:

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (2017-2018): \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

I would like to help in:  AWANA  Children's Choirs  Mission Groups

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any special information that we should be aware of, medical or other? Yes No

If yes, please explain: \_\_\_\_\_

Church Home (if not Salem): \_\_\_\_\_

### Mission Groups:

*Wednesday Evenings 6:30 to 7:30pm*

- GAs (Girls grades 1-5)
- RAs (Boys grades 1-5)
- Mission Friends (Coed ages 2-K)

### Children's Choirs:

*Sunday Evenings 4:00 to 5:00pm*

- Preschool Choir (4 years)
- Melody Builders (K-1st grade)
- Music Makers (2nd-3rd grade)
- Young Musicians (4th and 5th grades)

### AWANA:

*Sunday Evenings 5:00 to 6:30pm*

- Cubbies (3-4 years old)\*
- 3rd - 4th grade girls
- 3rd - 4th grade boys
- Sparks (Kindergarten - 2nd Grade)
- 5th - 6th grade girls
- 5th - 6th grade boys

**\* MUST BE 3 BY AUGUST 31 AND POTTY TRAINED**

### Medical Release Form:

I, as legal guardian, hereby grant Salem Baptist Church, its Agents, or any Licensed Medical Personnel, authority to make decisions on my behalf regarding emergency medical treatment for the above named child.

Signature of Guardian \_\_\_\_\_ Date: \_\_\_\_\_