Mount Calvary YOUTH MINISTRIES
2017-2018

SUNDAY SCHOOL REGISTRATION
Please complete both sides of this form

Child(ren) Information:

Please indicate hour you will most likely be attending:
_____ Sat 5pm _____ Sun 9:00 am _____ Sun 10:30am

We understand that you may not be able to commit to one time throughout the whole year. Pick the one that you think works best but feel free to change based on your schedule. We just love to have you here sharing in God's love.

If your child is in a preschool program please indicate the age level he or she is entering for the fall of 2016 and if your child is enrolling in a five year old program or RSK program please indicate that, in the grade level as well. List each child you are enrolling

Last Name	First Name	Gender (Circle)	Birth Date	Grade they are fall of 2016	School Name
		M F	/ /		
		M F	/ /		
		M F	/ /		
		M F	/ /		
		M F	/ /		

_____ I have information to share concerning my child (ie: his/her response to large groups, energy level, learns best with or without a specific person, special needs or other information). Please contact me for more information. My child's name is _____.

Household Information

Parent/Guardian #1 _____Home Phone # _____

Address _____

City _____ Zip _____ Cell Phone # _____

Email address (Please print)_____

(Feel free to indicate "same as above" where appropriate)
Parent/Guardian #2 _____Home Phone # _____

Address _____

City _____ Zip _____ Cell Phone # _____

Email address (Please print)_____

Volunteer Needs: please take a moment and consider these one time commitments

As-Needed Commitment:

_____   **Substitute Teacher**

One-Time Commitment:

_____   Christmas Program

_____   Packathon weekend

Parent Permission

Preschool/kindergarten children must be picked up in their classrooms at the end of worship.

Children in grades 1-5 are allowed to leave on their own after worship ends ONLY if we have parental approval.

My child(ren): (Grades 1-5) _____   **ARE   ARE NOT**   authorized to leave
Sunday School class when worship ends.   *(list names here)*   *(circle one)*

Picture Permission:I understand my child's participation in Saturday/Sunday School may include his/her picture being taken and used in the printed newsletter and on the church website, without names of children listed. If I prefer to not have my children included, I will talk with my child about stepping out of picture opportunities and share this information with my child's teacher. (We would be happy to talk with you as well about concerns about your child's picture being used in our printed material.)

Parent/Guardian Signature _____   _____ (Date)

Registration fee: $25 per child # children _____   x $25 = $_____   ($50 max/family)

Cash or check accepted as payment. Please make check payable to Mount Calvary and put "Sunday School" on memo line. For confidential financial assistance, please contact Andrea Fieldhouse Griner or Ketti Spehar

Date received:	Cash Amount: $	Check Amount:$	Check #: