

# Westview Church Children's Ministries Registration 2011-2012

## Birth through 5th Grade

Jesus said, "Come follow me."

Westview Children & Family Ministry: Working together with parents to grow life-long followers of Jesus

Child's Name \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F Birth Date \_\_\_\_\_ Fall '11 Grade \_\_\_\_\_  
(complete one form per child)

Mother's name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone most often used \_\_\_\_\_  
E-mail address \_\_\_\_\_

Father's name \_\_\_\_\_  
Address (if different from Mom's) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone most often used \_\_\_\_\_  
E-mail address \_\_\_\_\_

Other than yourself, who is authorized to pick up your child from the activities you have checked below?  
\_\_\_\_\_

May we use a group photo with your child in it on our website or in printed brochures? \_\_\_yes \_\_\_no

### Jesus said, "Welcome children" and "make disciples":

Children's ministry is a shared ministry with the parents and the Body of Christ.  
Children are blessed to have their parents involved. You get to know others in the church.  
There are a variety of time commitments available because of life's schedules.

\*\*\*THIS IS REQUIRED OF ALL FAMILIES. Please mark ONE of the following ways you will help.\*\*\*

\_\_\_\_\_ I am already signed up to help as \_\_\_\_\_

Please call me about serving as:

\_\_\_\_\_ Nursery helper: 1 1/2 hour commitment once every 6 weeks; no prep!

\_\_\_\_\_ Children's Worship leader: occurs during the 10:30 service with ages 4-8; minimal prep; serve once a month

\_\_\_\_\_ Discovery Hour leader: September - May from 9:00-10:00 with ages Preschool - 5th grade; prep required

\_\_\_\_\_ Another way I could help is \_\_\_\_\_

### Child Registration - I would like my child to be involved in:

#### **Sunday Mornings at Westview Church**

\_\_\_\_\_ **Discovery Hour** age 3 through 5th grade; 9:00-10:00 a.m. on Sundays

A large group/small group time for children to connect, form friendships, worship, grow in Bible knowledge and in God's authentic application to life! Children are given activities to complete at home with family to grow spiritually together.

\_\_\_\_\_ **Children's Worship** age 4 through 2nd grade; 10:30 a.m. during worship

A time from the message to the end of worship in which children gather together. This 40 minute time helps us live out two values:

1. We believe it is important for children to be a part of community watching parents and community in worship

2. We believe it is important for children to connect with one another and with God in a visual, age-appropriate message

\_\_\_\_\_ **Nursery** birth through age 3; open from 8:45 a.m. until 11:45 a.m.

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### **Medical Information for Child Safety**

My child has medications, allergies or other information pertinent to medical care:

\_\_\_\_\_ Yes (provide complete information on the back)

\_\_\_\_\_ No

In case of emergency, if parents cannot be reached, please call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I understand that every effort will be made to reach me in the event of an emergency. I give my permission for the personnel of Westview Church to secure emergency medical treatment as deemed necessary. I agree to assume financial responsibility for this treatment.

Please call Dr. \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Allergy Alert

My child, \_\_\_\_\_, is allergic to

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If he/she would have an allergic reaction while in Discovery Hour, Children's Worship, or the Nursery, this is what you would see.

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These are the steps to take:

1st step Children's staff should take

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If no improvement after \_\_\_\_\_ minutes what should be done next

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Is there any other information we should have?

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\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

All medications require written authorization. Each prescription medication must be in the original container, with the directions and label intact. Clear and complete instructions must be provided. I authorize Westview Church ministry staff to administer \_\_\_\_\_ to my child in the event of an allergic interaction.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date