



FPCP Family Ministry Enrollment

2016-2017



MISSION STATEMENT: FPCP Family Ministry exists to embrace the community, engage children and teenagers in Christ, equip them to be disciples and empower them to do God's will because every child is created in the image of God.

Check all programs to which this form applies:
 Path (Nursery - Elementary Sunday School)
 Bridge / Oasis
 Confirmation Class (8th Grade)
 Middle School
 High School

Please Print

FAMILY NAME: _____ Phone No: () _____

Address: _____
Street City Zip

Father: _____ **Mother:** _____

E-Mail Address: _____ **Cell Phone:** () _____

Emergency Contact: _____
(in addition to parent) Name Relationship Phone No.

As a parent of this child, I will support the Sunday School program and will see that my child has regular attendance.

Parent Signature

Date

Parent Signature

Date

Please place this completed form in the Sunday School Registration box located in the Narthex near the Night Attendant's desk. Thank you.

Please check the hour your children/youth will typically be attending classes:

9:00 a.m. or 10:30 a.m.

Children (PreK-5)
 Youth (6-12)

1.

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to know: _____

2.

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to know: _____

3.

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to know: _____

4.

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to know: _____

ADULT SUPPORT OF ALL FAMILY MINISTRY PROGRAMS

PLEASE CONTACT ME ABOUT SUPPORTING THE FAMILY MINISTRY PROGRAM THROUGH:

_____ Teaching Team for ages/grade(s) _____ Name: _____
_____ Substitute Teacher/Helper for ages/grade(s) _____ Name: _____
_____ Providing Childcare Help (Nursery) Name: _____
_____ Bridge / Oasis Leader/Helper/Program Support * Name: _____
_____ Other skill(s): _____ Name: _____

* Bridge/Oasis is a family ministry; parents are expected to play an active role in this program.

**** FOR BRIDGE / OASIS PARTICIPATION ONLY ****

How many people in your family do you expect to join us on a regular basis for dinner?

_____ Children _____ Youth _____ Adults

GENERAL PERMISSION FOR ALL ACTIVITIES

LOCAL TRAVEL PERMISSION

I give permission for my child(ren) mentioned above to participate in all Family Ministry events at the building and grounds of the FPCP, Michigan, located at 701 Church Street, City of Plymouth, Wayne County, Michigan, as well as pedestrian travel to/from and presence at neighborhood sites within a two-mile radius of the Church, including without limitation athletic fields and recreation facilities, restaurants/cafes/coffee shops, dairy stores and other commercial, recreational or service locations when my child(ren) is accompanied by an adult leader. A separate permission form will be provided for activities/trips beyond this radius.

Should a medical emergency arise, the adult leader has my permission to obtain any reasonable, necessary and available health care for my child(ren).

In consideration of the FPCP Family Ministry services provided to my child(ren) by FPCP, I agree on behalf of myself and my child(ren) to release the Church from any claim, demand or lawsuit arising from or occurring as a result of my child(ren) participating in FPCP Family Ministry Programs so long as no willful or reckless misconduct by the Church's employees or volunteers causes harm to my child(ren).

MEDICAL EMERGENCY PERMISSION

I give permission to FPCP Family Ministry Personnel to secure emergency medical and/or surgical treatment for the listed minor child or children, if needed, while in their care.

HEALTH INSURANCE INFORMATION

Name of Insurance Company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Primary Care Doctor _____ Phone No. (____) _____

I certify that I am the custodial parent or legal guardian of the listed child(ren) and I agree with all the terms and conditions stated on this document, and that all the information provided, as of this date, is accurate and complete.

Father/Legal Guardian

Mother/Legal Guardian

Signature & Date

Signature & Date