

# FPCP CHILDREN'S MINISTRY ENROLLMENT

## 2018-2019

MISSION STATEMENT: FPCP Children's 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:

- Nursery
- Sunday School (PreK - 5th grade)
- MidWeek Ministry (PreK - 5th grade)

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.

*Please return your completed form to the Children's Ministry Director. Thank you.*

①  
 Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Allergies(Food,Medicine): \_\_\_\_\_

Please list any concerns or information that would be helpful for us to know: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

②  
 Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Allergies(Food,Medicine): \_\_\_\_\_

Please list any concerns or information that would be helpful for us to know: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

③  
 Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Allergies(Food,Medicine): \_\_\_\_\_

Please list any concerns or information that would be helpful for us to know: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

④  
 Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Allergies(Food,Medicine): \_\_\_\_\_

Please list any concerns or information that would be helpful for us to know: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# ADULT SUPPORT OF ALL CHILDREN'S MINISTRY PROGRAMS

Please contact me about supporting the Children's Ministry Program through:

- \_\_\_\_\_ Teaching Team for age(s)/grade(s) \_\_\_\_\_ Name: \_\_\_\_\_
- \_\_\_\_\_ Substitute Teacher/Helper for age(s)/grade(s) \_\_\_\_\_ Name: \_\_\_\_\_
- \_\_\_\_\_ Provide Childcare Help (Nursery) \_\_\_\_\_ Name: \_\_\_\_\_
- \_\_\_\_\_ MidWeek Ministry Leader/Helper/Program Support \_\_\_\_\_ Name: \_\_\_\_\_
- \_\_\_\_\_ Other skill(s): \_\_\_\_\_ Name: \_\_\_\_\_

*Note: ALL volunteers (18 or older) who will be working with children MUST have a current Background Check on file with the Church. To verify current status or to complete a background check, please contact the Children's Ministry Director.*

## GENERAL STATEMENTS OF PERMISSION FOR PARTICIPATION

### GENERAL ACTIVITIES:

I give permission for my child(ren) mentioned on Page 1 of this form to participate in all Children's Ministry events at the building and grounds of the First Presbyterian Church of Plymouth, MI (FPCP), located at 701 Church Street, City of Plymouth, Wayne County, Michigan.

In consideration of the FPCP Children's 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 Children's Ministry Programs so long as no willful or reckless misconduct by the Church's employees or volunteers causes harm to my child(ren).

### MEDICAL EMERGENCIES:

I give permission to FPCP Children's Ministry Personnel to secure reasonable, necessary and available emergency medical and/or surgical treatment for the listed minor child(ren), if needed, while in their care.

### HEALTH INSURANCE INFORMATION:

Name of Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_  
Primary Care Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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