AdventureLand

A Journey of God's Love

REGISTRATION FORM

GLENKIRK CHURCH CHILDREN'S MINISTRY DEPARTMENT

Name: _____ (M / F)
(last) (First)

Address: _____

City/Zip: _____

Home Phone: _____

Work Phone: _____

Birth Date: _____

Grade (if applicable) _____ School: _____

Parent / Guardian Name(s): _____

Our staff asks that all parents consider volunteering their time to children's ministry at some point during their child's journey through our department.
Please check one of the following boxes...

☐ Yes, please contact me about areas that I could serve in.

☐ No, I am currently involved in another ministry area and will prayerfully consider volunteering at another time.

During church activities, our staff will often take pictures to later be used in church announcements, flyers, and other in-house publications. Please check this box if you do not want photographs of your child to be used in church materials.

☐ I do not want my child's picture used in church publications

If any of your children have special needs that we should know about such as Attention Deficit Disorder, Developmentally Delayed, Learning Disorder, Recent Family Stress (divorce, death, move, etc.), Hearing or Vision Problems, Physical Disability or Ongoing Illness, Food Allergies, etc. or any other need that you feel is significant, please let us know any additionally needs below:

_____

_____

_____

OTHER ADULTS that may pick up your children

	Name (First and Last)	Relationship to Children (e.g., Grandfather, Aunt, Brother, Friend, etc.)
1.		
2.		
3.		

If your family situation requires that mail be sent to more than one address, please call Staci Travisano at 626-914-4833, so that we can add that information to our database.

Revised: 6/07

Glenkirk church
Connecting people to abundant life.