2021-2022 Children's Ministry Registration Form Santa Fe Presbyterian Church

(Age 3 - 12th Grade)

Family Information:	
Parent Name:	Cell Phone:
Parent Name:	Cell Phone:
Address:	Email:
If we can't reach you in an emergency, call:	At:
Student Information (if you have more than two c	hildren, please continue on the back of this form):
Child's Name:	Grade in September:
Date of Birth:	Current Age:
Special Info (food allergies, etc.)	How to intervene if he/she has a reaction:
The following questions are optional	
What is your child's favorite movie and book?	What is your child's favorite art or craft activity?
What is your child's favorite dinner food and sweet?	Other information
Child's Name:	Grade in September:
	-
Date of Birth:	Current Age:
Special Info (food allergies, etc.)	How to intervene if he/she has a reaction:
The following questions are optional	
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What is your child's favorite dinner food and sweet?	Other information

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Special Info (food allergies, etc.)	How to intervene if he/she has a reaction:	
The following questions are optional		
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What is your child's favorite dinner food and sweet?	Other information/thoughts on COVID	
areas you are interested in.	feel called to children's ministry. Please check the	
Classroom Helper	Lead Rotational Teacher	
Children's Sermons	Replenishing Worship Bags	
Other:		
	rs to age 4 in our nursery, provided by our paid rs over the age of 18 have undergone background	
With your help we can provide the best enviro	nment possible for our children. Thanks!	
Photo Release September 1, 2021 thi	rough August 31, 2022	
program, Vacation Bible School, children's choirs an	pportunity to use photos to promote the Sunday School and other church activities. Uses might include a display ases, etc. No surnames will be used on the website or in	
I give Santa Fe Presbyterian Church permission to	o include my child(ren),	
in photos used for informational or promotional p	ourposes.	
grant my permission for my son/daughter to r	receive medical treatment deemed necessary by a	
icensed physician. I have provided a copy of m	y insurance card	
Signature of Parent		

Additional children

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Child's Name:	Grade in September:
Date of Birth:	Current Age:
Special Info (food allergies, etc.)	How to intervene if he/she has a reaction:
The following questions are optional	
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