

Visitors: check here
and fill out blue lines only.

Registration Form

Birth - 6th grade



Date: _____ / _____ / _____

PARENT(S)

Father (first & last): _____ Mother (first & last): _____

Primary Phone: _____ Other Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

E-mail 1: _____

E-mail 2: _____

CHILD 1

Name (first & last): _____ Gender: boy girl

Current Age: _____ & Grade: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____ / _____ / _____

Allergies/Medical Conditions: _____

Sunday morning (birth-6th grade) Awana (2 years-6th grade) Kingdom Kids Choir (2nd-6th grades)

The Well* (birth-5 years) Exhale* (birth-5 years) * The Well/Exhale must pre-register with Women's Ministries

FOR OFFICE USE ONLY:

CCB
 ID
 Group
 Log

Tag:
 Sunday
 Awana
 KKC
 Exhale
 Well

CHILD 2

Name (first & last): _____ Gender: boy girl

Current Age: _____ & Grade: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____ / _____ / _____

Allergies/Medical Conditions: _____

Sunday morning (birth-6th grade) Awana (2 years-6th grade) Kingdom Kids Choir (2nd-6th grades)

The Well* (birth-5 years) Exhale* (birth-5 years) * The Well/Exhale must pre-register with Women's Ministries

FOR OFFICE USE ONLY:

CCB
 ID
 Group
 Log

Tag:
 Sunday
 Awana
 KKC
 Exhale
 Well

CHILD 3

Name (first & last): _____ Gender: boy girl

Current Age: _____ & Grade: K 1st 2nd 3rd 4th 5th 6th Date of Birth: _____ / _____ / _____

Allergies/Medical Conditions: _____

Sunday morning (birth-6th grade) Awana (2 years-6th grade) Kingdom Kids Choir (2nd-6th grades)

The Well* (birth-5 years) Exhale* (birth-5 years) * The Well/Exhale must pre-register with Women's Ministries

FOR OFFICE USE ONLY:

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 Group
 Log

Tag:
 Sunday
 Awana
 KKC
 Exhale
 Well

(Room on other side for additional children.)

SUN. AM

In the case of an emergency, who else (besides parents) can we contact?

Name (first & last): _____ Phone: _____

I / We, the parent(s) or legal guardian of above named child, do release Bethel Church and any staff or volunteers associated with Bethel Church of any and all legal responsibility for accidental injuries. In case of emergency, we hereby give permission to a physician or hospital to provide treatment for our child as deemed necessary by the appropriate medical professionals and my child's medical history.

Parent/Guardian Signature: _____

CHILD 1

Name (first & last): _____ Gender: boy girl

Current Age: _____ & Grade: K 1st 2nd 3rd 4th 5th 6th Date of Birth: ____/____/____

Allergies/Medical Conditions: _____

- Sunday morning (birth-6th grade) Awana (2 years-6th grade) Kingdom Kids Choir (2nd-6th grades)
- The Well* (birth-5 years) Exhale* (birth-5 years) * The Well/Exhale must pre-register with Women's Ministries

- ONLY:
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 - Well

CHILD 2

Name (first & last): _____ Gender: boy girl

Current Age: _____ & Grade: K 1st 2nd 3rd 4th 5th 6th Date of Birth: ____/____/____

Allergies/Medical Conditions: _____

- Sunday morning (birth-6th grade) Awana (2 years-6th grade) Kingdom Kids Choir (2nd-6th grades)
- The Well* (birth-5 years) Exhale* (birth-5 years) * The Well/Exhale must pre-register with Women's Ministries

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 - Well

CHILD 3

Name (first & last): _____ Gender: boy girl

Current Age: _____ & Grade: K 1st 2nd 3rd 4th 5th 6th Date of Birth: ____/____/____

Allergies/Medical Conditions: _____

- Sunday morning (birth-6th grade) Awana (2 years-6th grade) Kingdom Kids Choir (2nd-6th grades)
- The Well* (birth-5 years) Exhale* (birth-5 years) * The Well/Exhale must pre-register with Women's Ministries

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WED. PM

AWANA and KINGDOM KIDS CHOIR:

Do you regularly attend Bethel Church? yes no

In case of emergency, who else (besides parents) can we contact?

Name (first & last): _____ Phone: _____

AWANA

For your child(ren) 5 years of age or younger, where will you be on Wednesday nights? _____

Books	_____ x \$9.00	book(s) _____	
Cubbies vest	_____ x \$10.00	size(s) _____	received / director
Sparks vest	_____ x \$12.00	size(s) _____	received / director
T&T shirt (3rd/4th)	_____ x \$14.00	size(s) _____	received / director
T&T jersey (5th/6th)	_____ x \$14.00	size(s) _____	received / director
Dues	_____ x \$15/20 (\$15 per child, \$45 per family through 8/27; \$20 / \$60 after 8/27)		
CD	_____ x \$10.00		
Bag	_____ x \$6.00		
TOTAL DUE	\$ _____ <input type="checkbox"/> Paid in full (cash / check # _____) <input type="checkbox"/> IOU (balance due \$ _____)		

WELL

(Pre-registration with Women's Ministries required.)

Which study will you be attending? (study name & room #) _____

EXHALE

(Pre-registration with Women's Ministries required.)

Please choose one fall and one winter/spring date that you can serve:

Fall 2011: 9/13 9/27 10/4 10/18 11/1 11/15 12/6

Winter/Spring 2012: 1/10 1/24 2/7 2/21 3/6 3/20 4/3 4/17 5/1