

PowerKidz Children's Ministry

Parent Verification/Child Registration Form

Please print clearly.

Name of Parent/Guardian(s): _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Name/Age of Child and School Child Attends:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Does your child have any allergies (food, chemical, etc.) Yes _____ No _____

If so, please list child's name and allergy:

Does your child have any medical condition that would restrict or limit his/her participation with PowerKidz Children's Ministry? If so, please list child's name and restriction/limitation.

Areas of Interest: Below choose an area(s) in which you would like to serve in the PowerKidz Children's Ministry:

___ Art Design (Drawing/Painting/Crafts)

___ Childcare Provider (Nursery ages 6wks-2yrs)

___ Classroom Monitor (please circle age group: ages 3-5 years old or 6-11 years old)

___ Costume Designer (Seamstress)

___ Field Trip Chaperone

___ Teacher/Asst. Teacher

___ Wed Night Bible Study