

CHILDREN'S MINISTRY REGISTRATION FORM

2008-2009

FAMILY INFORMATION

(one form per family)

Parent(s) or Guardian(s) First/Last Names _____

Address (city, state, zip) _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____ Home Church _____

INDIVIDUAL CHILD INFORMATION

(circle each applicable program for each child)

Child's Name _____ Birth Date ____/____/____ Age _____

Grade (fall '07) _____ Allergies/Special Needs _____

Sunday Mornings: Early Childhood (born after 9/1/03) * 9:45 Sunday School (4yrs-5th gr) * 11:00 ZONE 252 (4yrs-5th gr)

Wednesday Nights: Cubbies (potty-trained, 3yrs by 9/1/07-5yrs) * Sparks (K-2nd gr) * BLAST (3rd-5th gr) * Nursery (infant-3yrs of volunteers)

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- *A registration fee of \$25 per child for Cubbies, Sparks, and BLAST can be paid the first night of programming—checks made out to Salem Baptist Church (contact the church at 651-633-7515 for scholarships). Fee includes books, vest, and supplies for programming.*
- *Pictures taken during programming may be used in promotional materials.*

SIGNATURE _____ DATE _____



Interested in serving in the following area(s):

- Nursery Sunday School ZONE 252 Awana or Blast (Wednesday Nights)