



# REGISTRATION

SUNDAY MORNING KIDS PROGRAMS

Date \_\_\_\_\_

1<sup>st</sup> Visit \_\_\_\_\_  
2<sup>nd</sup> Visit \_\_\_\_\_  
3<sup>rd</sup> Visit \_\_\_\_\_

<b>NURSERY</b> Newborn – 2 years old	<b>EGM KIDS 2s-3s</b> 2+ years old by Dec. 1 <sup>st</sup> Classes change in September	<b>EGM KIDS 4s-K</b> 4+ years old by Dec. 1 <sup>st</sup> Classes change in September	<b>EGM KIDS 1<sup>st</sup>-2<sup>nd</sup></b> Kids in 1 <sup>st</sup> & 2 <sup>nd</sup> grade Classes change in September
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## FAMILY INFORMATION

Parent/Guardian #1 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_



Throughout the year, there will be many times videos/pictures will be taken of children at EverGreen Ministries. If we may use your child's picture, please sign here:

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Would you be willing to serve in the KIDS Ministry?  Yes  No  More information

I give EverGreen Ministries' adult volunteers/staff permission to change my child's diaper if needed:

Yes  No

(OVER PLEASE)



- Please label all items accompanying your child (diaper bag, bottles/cups, blankets, etc.)
- Please attach pacifiers to your child's clothing
- Please do not bring special toys from home into the Nursery area as they may get lost
- Parents will be paged for children aged 2 and older who need diaper/pull-up changes
- Screened female adults will assist in the bathroom and with diaper changes



**Please complete for each child participating in the KIDS Ministry:**

<p>Child #1</p> <p>Name_____</p> <p>Date of Birth_____ Gender_____</p> <p>School/Grade_____</p> <p>Allergies_____</p> <p>Special Needs_____</p> <p>Pick-up Restrictions_____</p>	<p>Child #2</p> <p>Name_____</p> <p>Date of Birth_____ Gender_____</p> <p>School/Grade_____</p> <p>Allergies_____</p> <p>Special Needs_____</p> <p>Pick-up Restrictions_____</p>
<p>Child #3</p> <p>Name_____</p> <p>Date of Birth_____ Gender_____</p> <p>School/Grade_____</p> <p>Allergies_____</p> <p>Special Needs_____</p> <p>Pick-up Restrictions_____</p>	<p>Child #4</p> <p>Name_____</p> <p>Date of Birth_____ Gender_____</p> <p>School/Grade_____</p> <p>Allergies_____</p> <p>Special Needs_____</p> <p>Pick-up Restrictions_____</p>