

SURPRISE KIDS 2015-2016 REGISTRATION FORM

PLEASE REGISTER CHILDREN AGES BIRTH TO 5TH GRADE

Last Name: Home Phone: Email:
Mother/Guardian: Address & Zip: Cell: Text? Y N
Father/Guardian: Address & Zip: Cell: Text? Y N
Occupations of parents:
Emergency contact: Phone: Relationship:
Doctor: Hospital:

#1 Child's Name: M / F:
Age (as of July 31, 2015): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

#2 Child's Name: M / F:
Age (as of July 31, 2015): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

#3 Child's Name: M / F:
Age (as of July 31, 2015): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

#4 Child's Name: M / F:
Age (as of July 31, 2015): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

Every Surprise Kids parent must serve AT LEAST ONCE between September 20th and December 27th to ensure quality and connection between our ministry and families. Please check the age and manner in which you could serve, and follow the link to pick your Sunday:

- Assisting with nursery care
- "Little Lights" Helper (ages 5-2nd grade) (involves craft and snack)
- "Shine" Helper (2nd-5th grade)
- I want to be a regular volunteer/teacher

PLEASE FOLLOW THIS LINK TO SIGN UP FOR YOUR SPECIFIC SUNDAY: <http://vols.pt/w48fQX>

*We need 4 adults EVERY SUNDAY to make Kids ministry happen! Be a part of this exciting ministry!

Surprise Church will strive to serve the most children and youth as possible in its ministries. In doing so, Surprise and volunteers may be providing generic snacks and treats during the course of various activities. If there are special health concerns related to food, it will be the responsibility of the parent or guardian to provide an acceptable substitute snack for the child. Surprise will not be responsible for providing specialized food for health concerns. The year of activities at Surprise Church will be conducted in as safe a manner as possible. There are inherent risks to any activity. By your signature below you are stating that you understand this notification and you give the leaders of children's ministry the authority to give consent for any emergency medical treatment that the participant may require. If the situation allows, the leadership staff will always attempt to contact the parent or guardian before authorizing any medical treatment for the participant.

Parent or Guardian Signature _____ Date _____

Parental/Guardian Photo Consent Form

Surprise Church requests permission for your child's photo/image to be used for possible promotional and educational purposes.

Please initial by one of the following choices:

I/We GRANT permission for the use of photos/images that includes above child/children.

I/We DO NOT GRANT permission for photo/image that includes above child/children.

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Date: _____

Please email back or return form to Surprise Kids on Sunday, or mail to:

Surprise Church

c/o Surprise Kids

PO Box 3066

Bismarck, ND 58502-3066