Children's Ministry Family Registration

(Nursery, Sunday School, Children's Church)

Child #1 Name/Nickname: _____ Child's Date of Birth: _____/_____/_____
Circle: Boy/Girl Grade in School for 2026-2027 (if applicable) _____
Can your child have a snack? Please specify any allergies and/or preferences:
_____

Child #2 Name/Nickname: _____ Child's Date of Birth: _____/_____/_____
Circle: Boy/Girl Grade in School for 2026-2027 (if applicable) _____
Can your child have a snack? Please specify any allergies and/or preferences:
_____

Child #3 Name/Nickname: _____ Child's Date of Birth: _____/_____/_____
Circle: Boy/Girl Grade in School for 2026-2027 (if applicable) _____
Can your child have a snack? Please specify any allergies and/or preferences:
_____

Child #4 Name/Nickname: _____ Child's Date of Birth: _____/_____/_____
Circle: Boy/Girl Grade in School for 2026-2027 (if applicable) _____
Can your child have a snack? Please specify any allergies and/or preferences:
_____

Child #5 Name/Nickname: _____ Child's Date of Birth: _____/_____/_____
Circle: Boy/Girl Grade in School for 2026-2027 (if applicable) _____
Can your child have a snack? Please specify any allergies and/or preferences:
_____

Parent's Name(s): _____ Parent Cell Phone #: _____
Emergency Contact Name: _____ Cell Phone #: _____
Relationship: _____
Who else has permission to pick up your child? _____

(Please fill out this section for Nursery-preschool aged children)

Should a volunteer contact you for diaper change/potty usage/potty training? Yes / No

***Note: children in preschool must be potty trained, though volunteers are able to lightly assist with your permission.**

Is there anything we should know about your child's potty training or diaper changing routine?

_____

We are happy to comfort the big feelings of our little friends, but if your little one is having big feelings and has a hard time overcoming them, how quickly do you want us to come and get you?

_____

Does your child have a special lovey or pacifier that may help comfort? Yes / No

Is there anything you want us to know about your child that would help us make them feel safe, loved, and comfortable while they're here:

_____
_____
_____
_____
_____

Medical Consent: I (or persons listed above) am the adult responsible for picking up this child or children at the end of the Church Service. I authorize this child or children to receive emergency medical attention when needed, while involved in the activities connected with Elk Plain Community Church's children's programs, if I or my emergency contact is unavailable to give such consent. This authorization shall be effective immediately.

*Upon any changes to the information given, I will give an updated registration. *

Parent/Guardian Signature: _____ Date ____/____/_____

*Photo Consent: Do we have permission to post your child's photo on our ministry photo-board located in the hall or classroom? Photos will not be posted on social media.

Parent/Guardian Signature: _____ Date ____/____/_____