



# First Mennonite Church of Denver Sunday School Registration Form 2011-2012

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Best Email Address for Updates \_\_\_\_\_

Allergies or other conditions we should be aware of (*food reactions, physical limitations, ADD/ADHD, etc*)

## **In Case of Emergency:**

Phone # (\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_

If away from Church during Sunday School hour parent is at \_\_\_\_\_

I am available to help in the following role(s)...

- € Opening Time music for Preschool
- € Substitute teacher
- € Substitute to take attendance and be a monitor during SS hour
- € Member of Children & Youth Faith Formation Committee
- € Participant in CYFF Think Tank (Curriculum Brainstorming Group)
- € Christmas Program helper
- € Help coordinate SS picnic on May 20
- € Help Venture Club, JYF, or MYF sponsors coordinate an event

Music, Story, Activity or Hands-on  
for K-5<sup>th</sup> Grades:

- € Pod 1 Aug 21-Oct 9
- € Pod 2 Oct 16-Nov 20
- € Pod 3 Nov 27-Dec 18
- € Pod 4 Jan 8-Feb 12
- € Pod 5 Feb 26-April 1
- € Pod 6 April 15-May 20

Comments: \_\_\_\_\_

My child will also participate in \_\_\_\_\_

(Venture Club, JYF, or MYF)

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a First Mennonite Church staff member or designated volunteer. I understand that the purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with First Mennonite Church's Children and Youth Faith Formation programs when I or my emergency contact is unavailable to give consent.

This authorization shall be effective from August 21, 2011 through August 21, 2012.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_