

**Colonial Church**  
**Children's Ministry Registration**  
**2007-2008**

*(Please note this form is double sided.)*

**Parent/Guardian Name(s):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

In order for Colonial Church to best serve my/our child(ren), I/we agree to inform the Children's Ministry staff in writing of all custodial arrangements that impact my/our child(ren)'s participation in Colonial Church Children's Ministry.

**Medical Insurance Provider:** \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

**Dental Insurance Provider:** \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

**MEDICAL/DENTAL/LIABILITY RELEASE:** I/We, the undersigned, are the parents having legal custody, or the legal guardians of the children named on this form and have given our consent for them to participate in Children's Ministry programming at Colonial Church. I/We understand that there are inherent risks involved in any program and hereby release Colonial Church of Edina, its employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement with Children's Ministry. In the event that s/he is injured while attending our programs and requires the attention of a physician/dentist, I/we consent to any reasonable treatment as deemed necessary by a licensed physician/dentist. In the event treatment is required which a dentist, physician, and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the Colonial Staff, or another adult leader designated by the staff, to give consent for me/us, and I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician or dentist. I/We also acknowledge that we will ultimately be responsible for the cost of any medical/dental care should the cost of that medical or dental care not be reimbursed by the insurance provider. Further, I/we affirm that the insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the duration of this year.

Initials: \_\_\_\_\_

**BEHAVIOR EXPECTATIONS:** I/We understand that Colonial Church Children's Ministry expects all participants to behave in a respectful manner towards the adults in leadership, their peers and the property of this congregation. Children who choose to act disrespectfully will receive a warning; followed by conversations with his or her parents/guardians should the behavior continue. In the event that this disrespectful behavior does not desist, I/we understand that the child's parents/guardians will be requested to accompany the child during Children's Ministry programming.

Initials: \_\_\_\_\_

**IMAGE RELEASE:** I permit my child to be included in photographs and videos that may be used for display in Colonial Church informational and promotional publications, including Colonial's website. I understand that no reference to my child's name will be made alongside such images and that I will not receive compensation for the use of these images.

Initials: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please complete form on other side. ⇨*

<b>CHILD 1</b>	<b>NAME</b> (please print):		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
	<b>BIRTHDATE</b> (month/day/year):	<b>GRADE</b> (if applicable):	
	<b>Sunday 9:00 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)	<b>Sunday 10:45 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> <b>Sunday 10-10:45 am</b> Celebration Choir (K-5 <sup>th</sup> grade only)	<b>Wednesday 6:30-8:00 pm</b> <input type="checkbox"/> Child care (0-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)
	<b>ALLERGIES/SPECIAL NEEDS:</b>		
	<b>PERMISSION (grades 3-5 only):</b> I give permission for this child to be dismissed on his/her own. Signature:		

<b>CHILD 2</b>	<b>NAME</b> (please print):		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
	<b>BIRTHDATE</b> (month/day/year):	<b>GRADE</b> (if applicable):	
	<b>Sunday 9:00 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)	<b>Sunday 10:45 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> <b>Sunday 10-10:45 am</b> Celebration Choir (K-5 <sup>th</sup> grade only)	<b>Wednesday 6:30-8:00 pm</b> <input type="checkbox"/> Child care (0-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)
	<b>ALLERGIES/SPECIAL NEEDS:</b>		
	<b>PERMISSION (grades 3-5 only):</b> I give permission for this child to be dismissed on his/her own. Signature:		

<b>CHILD 3</b>	<b>NAME</b> (please print):		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
	<b>BIRTHDATE</b> (month/day/year):	<b>GRADE</b> (if applicable):	
	<b>Sunday 9:00 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)	<b>Sunday 10:45 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> <b>Sunday 10-10:45 am</b> Celebration Choir (K-5 <sup>th</sup> grade only)	<b>Wednesday 6:30-8:00 pm</b> <input type="checkbox"/> Child care (0-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)
	<b>ALLERGIES/SPECIAL NEEDS:</b>		
	<b>PERMISSION (grades 3-5 only):</b> I give permission for this child to be dismissed on his/her own. Signature:		

<b>CHILD 4</b>	<b>NAME</b> (please print):		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
	<b>BIRTHDATE</b> (month/day/year):	<b>GRADE</b> (if applicable):	
	<b>Sunday 9:00 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)	<b>Sunday 10:45 am</b> <input type="checkbox"/> Nursery (0-23 months) <input type="checkbox"/> Stepping Stones (2-5 years) <input type="checkbox"/> <b>Sunday 10-10:45 am</b> Celebration Choir (K-5 <sup>th</sup> grade only)	<b>Wednesday 6:30-8:00 pm</b> <input type="checkbox"/> Child care (0-5 years) <input type="checkbox"/> FaithTrek (K-5 <sup>th</sup> grade)
	<b>ALLERGIES/SPECIAL NEEDS:</b>		
	<b>PERMISSION (grades 3-5 only):</b> I give permission for this child to be dismissed on his/her own. Signature:		