

**Child's Information:**

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Preferred Name \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Birth Date \_\_\_\_\_

School and/or Daycare \_\_\_\_\_

Medical Problems/Allergies (including food & insect allergies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If your child has severe food allergies please provide their snack.*

Special needs/learning difficulties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the programs in which your child will participate:**

Sunday Mornings during 10 a.m. worship service

\_\_\_\_\_ **Live B.I.G. (Belief In God)** for children 3 years of age through 6th grade. (Children younger than Kindergarten are placed in classes by age group; children being that age by August 31, 2009.)

\_\_\_\_\_ **Make A Joyful Noise** – for children in 2<sup>nd</sup> through 6<sup>th</sup> grade.

\_\_\_\_\_ **Joyful Noises** - for 2<sup>nd</sup> through 6<sup>th</sup> graders.

*This choir rehearses as part of Make A Joyful Noise. Joyful Noises begins on September 13. They sing at the 10 am Sunday service once a month.*

Serve in 10 a.m. Sunday service as:

\_\_\_\_\_ Acolyte          \_\_\_\_\_ Bible Bearer          \_\_\_\_\_ Greeter

\_\_\_\_\_ Usher          \_\_\_\_\_ Reader

\_\_\_\_\_ Communion Server

Sunday Mornings at 11:30 a.m.

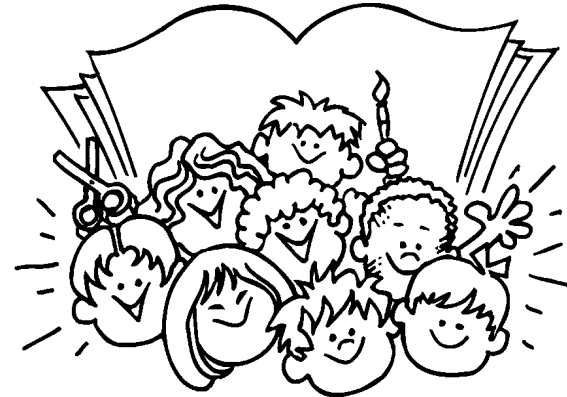
\_\_\_\_\_ **Angel Choir** for children 3 year olds through 1st graders.

*Angel Choir begins September 20. They sing at the 10 am Sunday service about once a quarter.*

Weekends

\_\_\_\_\_ **Tweeners fellowship group** for 4<sup>th</sup>-6<sup>th</sup> graders. Tweeners meets monthly for fellowship, fun & service.

**2009-2010**



**CHILDREN'S  
MINISTRY**

**REGISTRATION FORM  
Lake Washington  
United Methodist Church**

# LWUMC CHILDREN'S PROGRAMS

## **FAMILY REGISTRATION FORM:**

Please complete the family information form. Please complete a Child's Information section for each child participating in Children's programs.  
Please Print Legibly.

### **Family Information:**

Parent (Guardian's) Names \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City & Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Family Email \_\_\_\_\_  
 Mom's Cell Phone \_\_\_\_\_  
 Dad's Cell Phone \_\_\_\_\_  
 Where parent(s)/guardian(s) can be found on Sunday mornings  
 \_\_\_\_\_

In the event of an emergency, if you are unable to reach me, please contact the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Restrictions on who picks up my/our child/children:  
 \_\_\_\_\_  
 \_\_\_\_\_

### **PERMISSION SLIP FOR EMERGENCY MEDICAL TREATMENT**

I give permission for Lake Washington United Methodist Church's Children's Ministry volunteers to obtain emergency medical treatment for my child/children. This release is effective, September 13, 2009 – September 19, 2010.

Child's/Children's Names  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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