

Child 2 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 the 10 am worship service

_____ **Living the Good News (LGN)** - for 3 year olds through 1st graders. A lectionary based Sunday School program. Engaging Bible stories, songs, crafts, games, and prayer help younger children remember what they've earned. Two age group classes. *Begins September 11.*

_____ **SPARK Activate Faith** - for 2nd through 4th graders. A lectionary based Sunday School program. Focus is on the Bible story and scripture for the week as children participate in group activities, crafts, games and prayer that guide them in questioning and exploring. *Begins September 11.*

_____ **Just For 5th & 6th Graders:**

- ___ Assist in the 3's & 4's or Kindergarten & 1st grade Class
- ___ Mentor in 2nd-4th Grade Class

_____ **Make A Joyful Noise (MJN)** – for 2nd through 6th graders. **MJN** is a continuation of worship and a rehearsal time for Joyful Noises choir. The choir helps lead Sunday morning worship the first Sunday of October-December and February-May. MJN begins in the sanctuary each week. then before the sermon moves to the music room until 11:25 am. *Begins September 11.*

_____ **Serve in 10 am Sunday Worship service as:**

- ___ Acolyte ___ Bible Bearer ___ Instrumentalist
- ___ Usher ___ Reader ___ Communion Server
- ___ Greeter

Sunday Mornings from 11:35 am to 12:00 pm

_____ **Angel Choir (AC)** for 3 year olds through 1st graders. Uses songs and a variety of activities to reinforce scripture lessons, encourage active participation in worship, and to teach some music fundamentals. Meets in the Music Room. Sing during Sunday morning worship about once a quarter. *Begins September 18.*

Weekends

_____ **Tweeners fellowship group** for 4th-6th graders. Tweeners meets monthly for fellowship, fun & service.

2011-2012



**CHILDREN'S
MINISTRIES**

**REGISTRATION FORM
Lake Washington
United Methodist Church**

LWUMC CHILDREN'S MINISTRIES

FAMILY REGISTRATION FORM:

Please complete the family information form. Complete a Child's Information section for each child participating. *Please Print.*

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 11, 2011 – September 16, 2012.

Child's/Children's Names

Signature of Parent/Guardian

Date

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