



# Children's Ministry Enrollment Form

For Children Birth - 5th Grade — ONE PER CHILD



## Child's Information

|        |   |  |   |                                    |  |   |
|--------|---|--|---|------------------------------------|--|---|
| First  | <u>Child's Full Name</u><br>Middle Last |  | <u>Preferred Name</u><br><i>will print on nametag</i> | <u>Date of Birth</u><br>mm/dd/yyyy | <u>Gender</u><br>M / F                                       | <u>Grade (2017-18)</u><br><i>(For K-5<sup>th</sup> Grade)</i> |
| Street | <u>Child's Address</u><br>City, State   |  | Zip   | <u>Current Age</u>                 | <u>Child's School</u><br><i>(For K-5<sup>th</sup> Grade)</i> |   |

**Please list any food allergies or serious medical concerns your child has:**

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**Please list the names of ALL people authorized to pick up your child:**

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Check here for more information about our Inclusion Ministry (A ministry for children with Special Needs).

## Parent/Guardian Information

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|-----------------------------------|---|------------------------------|------------------------------|---|---------------------------------------|
| First                             | <u>Father/Guardian Name</u><br>MI Last                  |                              | <u>Relationship to Child</u> | <u>Date of Birth</u><br>mm/dd/yyyy                    | <u>Marital Status</u>                 |
| Street                            | <u>Address (If different from above)</u><br>City, State |                              | Zip                          | <u>Email Address</u><br><i>(Please print legibly)</i> |                                       |
| <u>Main/Home Phone</u><br>( ) - - |   | <u>Cell Phone</u><br>( ) - - |                              | <u>May We Text?</u><br>Y / N                          | <u>(If YES) Cell Service Provider</u> |

|                                   |   |                              |                              |   |                                       |
|-----------------------------------|---|------------------------------|------------------------------|---|---------------------------------------|
| First                             | <u>Mother/Guardian Name</u><br>MI Last                  |                              | <u>Relationship to Child</u> | <u>Date of Birth</u><br>mm/dd/yyyy                    | <u>Marital Status</u>                 |
| Street                            | <u>Address (If different from above)</u><br>City, State |                              | Zip                          | <u>Email Address</u><br><i>(Please print legibly)</i> |                                       |
| <u>Main/Home Phone</u><br>( ) - - |   | <u>Cell Phone</u><br>( ) - - |                              | <u>May We Text?</u><br>Y / N                          | <u>(If YES) Cell Service Provider</u> |

One of our core values here at Northeast Christian Church is "Everyone serves, meeting the needs of others." Below, please check an area in which you might be interested in serving, and someone from that ministry will contact you soon. For more information about serving opportunities NECC, please visit our website at [www.necchurch.org](http://www.necchurch.org).

- Nursery** (Birth-2 years)  
  **Preschool** (3-4 years)  
  **Kidville Theater** (K-2<sup>nd</sup> Grade)  
  **Club Kidville** (3<sup>rd</sup>-5<sup>th</sup> Grade)  
  **Inclusion Ministry** (Special Needs)  
  **Student Ministries** (Middle/High School)

In the event of an emergency, I authorize first aid or medical treatment for this child, and I release Northeast Christian Church from any and all responsibility in connection therewith. Furthermore, I authorize my child's photo/video to be taken and used and/or used by NECC.

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_