GRACE CHILDREN'S MINISTRIES
CHILD REGISTRATION FORM
2021-2022

Child's Name_____

Age: _____ Date of Birth: _____ School Grade:_____

School Name: _____

Home
Address:_____
Street City Zip

Parent's Name: _____ Parent's Name:_____

Parent Cell #: _____ Parent Cell #:_____

Primary E-Mail Address:_____

___YES! I would be willing to volunteer as needed in Grace Children's Ministries

Emergency Contact: _____Emergency # _____

ALLERGIES/SPECIAL NEEDS: _____

Please check the Children's Ministries your child is interested in:

___A.M. UpStreet Sunday School (Preschool)	**___*FBI (1st & 2nd)**	**___Asbury Singers (1st-2nd)**
___A.M. UpStreet Sunday School (K-6th)	**___*TAG (3rd-5th)**	**___Asbury Chimers (1st-2nd)**
___*Praise N Play (3-5 yrs, not yet in K)	**___*Acolytes/Worship**	**___Asbury Chorus (3rd-5th)**
___Mission Possible/Summer 2022 (3rd-5th)	**___*Joyful Singers (4yrs-K)**	**___Asbury Ringers (3rd-5th)**

***These ministries may/will resume at a later date.**

Photo Disclaimer: By registering my child with the Grace UMC Children's Ministry, I authorize that my child may be photographed and/or filmed, and used in video, print, and web publications for the church. Please note, names are never published with photos.
If I do not agree to this I must submit a written notice to the Children's Director on behalf of my child(ren).

Parent Signature _____ Date _____