Children's Ministry Registration Form 2016-2017

Saline First United Methodist Church 1200 N. Ann Arbor St. Saline, Mi. 48176 (734-429-4730)

Please Complete and Return to Leanne Rimnac, Director of Children's Ministries

Saline First United Methodist Church offers a wide variety of Children's Ministries that bring the Word of God to each child with age appropriate curriculum and activities. Participation is open to all children and does not require church membership by parents or family. In an effort to meet each child's individual needs, as well as staff each ministry appropriately with our volunteers, please complete this form as thoroughly as possible, including information regarding allergies, other medical conditions, behavioral and/or educational concern.

Registering for thes	e ministries: (ple	ease che	ck all that appl	y)			
Sunday School _ (10:10-11:10)		(Both	Services				
Child's Name:	Ge	nder:	Age:	Birth Date: _	/	/_	Grade:
Child's Name:	Gender:_		Age:	Birth Date: _	/	/_	Grade:
Child's Name:	Gender:_		Age:	_Birth Date: _	/	_/	_Grade:
Child's Name:	Gende		Age:	_Birth Date: _	/	_/	_Grade:
Parent Information							
Mother/Guardian Name							
Street, City, State Zip							
Home Phone:	Cell:			/_ Email			
Father/Guardian Name							
Street, City, State Zip Home							
Phone:	_ Cell:/						

Other responsible persons allowed to pick up your child(ren)

EMERGENCY CONTACT PERSON AND NUMBER						
Allergies/Other Medical Conditions: (ie. Allergic to dairy; se	izures; hearing loss; heart condition)					
Behavioral Concerns: (ie. Shy; short attention span; separa	tion anxiety; easily frustrated)					
Educational Concerns: (ie. Speech delay; reads below grad	e level; difficulty with fine motor skills)					
Publication Release I authorize Saline First United Methodist Church to us and church-related publications including the church's	•					
Parent/Guardian Signature	Date					