



# Sierra Vista Children's Ministries Registration

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age/Grade (circle one)

Preschool    K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>

Parent/Guardian(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Allergies/Medical Needs: \_\_\_\_\_

\_\_\_\_\_

Please list names of who may pick up your child: \_\_\_\_\_

\_\_\_\_\_

**Parents:** Please mark which week of the month you would be able to volunteer:

1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>

### MEDIA RELEASE

I hereby give my permission to photograph and/or videotape my child. I understand that my child may be identified in any photographs/video that Sierra Vista Presbyterian Church considers appropriate for release to the church's Facebook page, website, PowerPoint and/or print media. I release Sierra Vista Presbyterian Church from all liability with respect to the matters covered by this release.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

# Volunteers

If you would like to partner with Kingdom Crew, please mark which area you would like to assist with.

- Teaching Bible Lesson
- Art Workshop Assistant
- Teaching an Art Class
- Pre-School Art Class

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_