

## Children's Ministry Registration Form

Child's Last Name	First Name	Date of Birth	Age/ Grade	Allergies, Medical Conditions, Special Needs

Name of Parent(s), Guardian(s) or Adult(s) Responsible for Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home/Other Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish to receive text messages? (yes or no): \_\_\_\_\_

For up-to-date information on our children's ministry visit [clearcreekcoc.org/children](http://clearcreekcoc.org/children), subscribe to our weekly newsletter, and download the Realm Connect app.

Families play the primary role in the spiritual development of children; therefore, you are encouraged to serve in Children's Ministry and participate in the privilege of sharing Jesus Christ with our children. This shared experience with your child creates teaching opportunities and sets an example of service and commitment to growing God's kingdom for him or her to follow.

☐ I am interested in learning ways to serve as a volunteer in Children's Ministry.

*Please note:* Approved snacks for our birth through pre-k nurseries, Bible classes and worship are plain Cheerios, Goldfish crackers, butter cookies and comparable generic brand products (all nut-free).

☐ I give permission to Clear Creek Children's Ministry volunteers to serve the snacks listed above without prior notification.

☐ I give Clear Creek Church of Christ, including its volunteers and employees permission to take, use, and publish any photographs or video of the child(ren) for the purpose of print publications, church website and social media use, consistent with Clear Creek Church of Christ's mission. I agree that any such photograph or video is the exclusive property of the Clear Creek Church of Christ.

☐ I understand to ensure the health and wellness of the children, no sick children will be admitted to class or nursery. Symptoms include: discolored nasal or eye discharge, rashes (other than diaper rash), vomiting or diarrhea, fever (over 99 degrees), unusual fatigue/irritability, and symptoms of lice.

☐ In case of an emergency, I hereby authorize Clear Creek staff and volunteers to administer needed first aid and or seek medical attention for the child(ren), and I release the church, its staff and volunteers from all responsibility in connection therewith.

\_\_\_\_\_  
Signature of Parent/Guardian or Responsible Adult

\_\_\_\_\_  
Date