



Children's Ministry Family Enrollment

This form must be completed in its entirety before it can be processed.

PARENT/GUARDIAN INFORMATION

PLEASE PRINT:

Father/Guardian Name: _____ Member of Stones Crossing Y or N

Address _____

Phone _____ Cell Phone _____ Email _____

Mother/Guardian Name: _____ Member of Stones Crossing Y or N

Address _____

Phone _____ Cell Phone _____ Email _____

Married _____ Separated _____ Divorced _____ If divorced, children live with _____

CHILD SECURITY

The Stones Crossing Church places a high priority on keeping your child safe when they are here. So we have developed a procedure to assist us in this endeavor. We will not release your child to anyone who is not listed below. Please understand our intention is not to create a hassle for you. However, our priority is to provide a safe and secure environment for **all** children. We will issue your family a SCC Family Identification Number which will be on their name tag and pick-up tag. This number will be used during any event and will appear on the screens in the Worship Center if we need you. Please report to the Children's Welcome Center immediately. Thank you in advance for supporting us in our goal to keep your child safe!

List the names of all people (other than parents) authorized to pick up your child:

Additional information: _____

PARENT PARTNERSHIP

The Children's Ministry is entirely dependent on volunteers. **All parents are expected to serve and will be contacted for placement.** The areas in which you could partner with us to impact children and their families are listed below. Please circle the areas in which you and your spouse could serve. A Children's Ministry Team Leader will be contacting you soon as we assist you in matching your gifts with ministry opportunities in Children's Ministry.

- | | | |
|--------------------------|---------------------------|-------------------------------|
| Classroom Leaders | LIFE group Leaders | Class/Group Assistants |
| Tech Support | Worship Team | Messengers or Host |
| Greeter | Impact Team | Resource/Facility Team |

***** COMPLETE CHILDREN'S INFORMATION ON BACK *****

CHILDREN'S INFORMATION

Please fill out only information on children nursery through 5th grade in your immediate family.
Form must be completely filled out in order to process.

CHILD 1

Child's Name: _____ Date of Birth: ____/____/____
Age ____ Grade ____ Sex ____ M ____ F City _____ State _____ ZIP _____
Medical concerns or special needs your child has _____
Please indicate which service your child regularly attends _____ Room # _____

CHILD 2

Child's Name: _____ Date of Birth: ____/____/____
Age ____ Grade ____ Sex ____ M ____ F City _____ State _____ ZIP _____
Medical concerns or special needs your child has _____
Please indicate which service your child regularly attends _____ Room # _____

CHILD 3

Child's Name: _____ Date of Birth: ____/____/____
Age ____ Grade ____ Sex ____ M ____ F City _____ State _____ ZIP _____
Medical concerns or special needs your child has _____
Please indicate which service your child regularly attends _____ Room # _____

CHILD 4

Child's Name: _____ Date of Birth: ____/____/____
Age ____ Grade ____ Sex ____ M ____ F City _____ State _____ ZIP _____
Medical concerns or special needs your child has _____
Please indicate which service your child regularly attends _____ Room # _____

CHILD 5

Child's Name: _____ Date of Birth: ____/____/____
Age ____ Grade ____ Sex ____ M ____ F City _____ State _____ ZIP _____
Medical concerns or special needs your child has _____
Please indicate which service your child regularly attends _____ Room # _____

PERMISSION FOR PHOTOGRAPHY & VIDEO TAPING

I grant permission to Stone's Crossing Church to photograph or video my child for training and promotional purposes only. These will only be for church use, including promotional materials or our church website.

(Initial)

After completion of this form, each child will be placed in a classroom according to their date of birth. Your family will also be issued a Family Identification tag with your family number. This tag and number will be used for security purposes. Any questions or concerns should be directed to Children's Ministry at 422- 1725 ext 5.

Signature of parent or guardian

Date

Office Use Only:

Family ID No.: _____ Security Card Issued: _____ Contact: _____