Children's Ministry Registration Form

ChangePoint
Raspberry Campus

Today's Date_____ Service Time: _____

1. **Parent/Guardian Full Name**_____ **DOB**_____ **Relationship to child(ren)**_____
(Head of Household)
Home/Main Phone: _____ **Mobile** _____ Email (please print)_____
Address_____ City_____ ZIP_____

2. Parent/Guardian Full Name_____ DOB _____ Relationship to child(ren)_____
Mobile _____ Email (please print_____
Address_____ City_____ ZIP_____

Marital Status (circle one): Married Single Divorced

***Child(ren) Information**

1. **First Name**_____ **Last Name** _____M.I. ___ **Goes by:** _____ M/F Age ____ Grade ____ **DOB** _____
(Minor Child)
Special needs, allergies, developmental delays, or other care details _____
(Attributes)

2. First Name_____ Last Name _____M.I. ___ Goes by: _____ M/F Age ____ Grade ____ DOB _____
Special needs, allergies, developmental delays, or other care details _____

3. First Name_____ Last Name _____M.I. ___ Goes by: _____ M/F Age ____ Grade ____ DOB _____
Special needs, allergies, developmental delays, or other care details _____

4. First Name_____ Last Name _____M.I. ___ Goes by: _____ M/F Age ____ Grade ____ DOB _____
Special needs, allergies, developmental delays, or other care details _____

(Circle Yes or No)

Y N **AdventureLand NEWS OPT-IN**—Do you want to know about family events, outreach opportunities, and Sunday programs? Yes, please keep me up-to-date!

Y N **TEXT MESSAGE Opt-in**: I consent to receive text messages related to my child's immediate needs in the classroom. Text messages can also be used to inform my family of classroom volunteer needs and closures.

Y N **PHOTO RELEASE:** I consent to photos (in a group or close up) taken of my child during ChangePoint Children Ministry activities being used in memory of activi-ties or for promotional purposes. Examples may include recap videos/graphics used during services or on social media or memory posters displayed post-event.

Y N **MEDICAL RELEASE:** I consent to any necessary medical treatment during my child's participation in ChangePoint Children Ministry activities. I assume the risk and financial responsibility for any injury, illness or liability resulting from my child's participation. Consent applies to all dependents, including future dependents until parent expresses wishes to remove consent.

_____
Parent or Guardian Signature

ChangePoint church member/attendee information is used to integrate your family into various ministries of ChangePoint. Information is handled with discretion and will not be used for solicitation.

Check-in Team Notes:

_____

_____

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Administration Notes:

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- ○ Add/Edit Family
- ○ Connection Card
- ○ Add Milestones (Photo Release and Medical Release) to each child as indicated
- ○ Add Text designation to both parents.
- ○ Send initial Thank You text with OPT-OUT to both parents.
- ○ Add family to newsletter if indicated
- ○ Scan forms and attach to each child's "participant" record
- ○ Shred forms