

SURPRISE KIDS 2018-2019 REGISTRATION FORM

PLEASE REGISTER CHILDREN AGES BIRTH TO 5TH GRADE

Last Name: Home Phone: Email:
Mother/Guardian: Address & Zip: Cell: Text? Y N
Father/Guardian: Address & Zip: Cell: Text? Y N
Occupations of parents:
Emergency contact: Phone: Relationship:
Doctor: Hospital:

#1 Child's Name: M / F:
Age (as of July 31, 2018): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

#2 Child's Name: M / F:
Age (as of July 31, 2018): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

#3 Child's Name: M / F:
Age (as of July 31, 2018): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

#4 Child's Name: M / F:
Age (as of July 31, 2018): Learning Needs and/or medical concerns for emergency care:
Date of Birth:
Grade:
School Attending:

Every Surprise Kids parent must observe/assist AT LEAST ONCE between September 20th and December 27th to not only ensure quality and connection between our ministry and families, but to help parents/guardians gain an understanding of Surprise Kids and help build a connection with their child(ren).
Please fill in date that you will be able to come observe Surprise Kids:

*****It takes a full team of adults to Lead Surprise kids each week! If you would like to learn more about becoming a regular volunteer/teacher (serving twice per month), please check the box below so that our Surprise Kids Team can connect with you.

I want to be a regular volunteer/teacher

Surprise Church will strive to serve the most children and youth as possible in its ministries. In doing so, Surprise and volunteers may be providing generic snacks and treats during the course of various activities. If there are special health concerns related to food, it will be the responsibility of the parent or guardian to provide an acceptable substitute snack for the child. Surprise will not be responsible for providing specialized food for health concerns. The year of activities at Surprise Church will be conducted in as safe a manner as possible. There are inherent risks to any activity. By your signature below you are stating that you understand this notification and you give the leaders of children's ministry the authority to give consent for any emergency medical treatment that the participant may require. If the situation allows, the leadership staff will always attempt to contact the parent or guardian before authorizing any medical treatment for the participant.

Parent or Guardian Signature _____ Date _____

Parental/Guardian Photo Consent Form

Surprise Church requests permission for your child's photo/image to be used for possible promotional and educational purposes.

Please initial by one of the following choices:

I/We GRANT permission for the use of photos/images that includes above child/children.

I/We DO NOT GRANT permission for photo/image that includes above child/children

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Date: _____

Please email back or return form to Surprise Kids on Sunday, or mail to:

Surprise Church

c/o Surprise Kids

PO Box 3066

Bismarck, ND 58502-3066

jen@surprisekids.com