



Shady Grove Church Children's Enrollment

Student's Name _____

Mailing Address _____

City _____ **Zip** _____

Home Phone Number _____

student lives with _____

Father's Name _____

Mother's Name _____

Worship Service you attend or home church _____

Home Telephone _____ **Email** _____

Birth date _____ **age** _____

Grade _____

Emergency Contact Numbers

Mother's name and cell

Father's names and cell

Other important info.

Allergies or other medical conditions

List names of all people authorized to pick up your child

God has gifted each person with amazing talents. What talents does your child have?

Would you be interested in sharing your talents or gifts with the children's ministry? If so, what gifts

(Circle any) I can help with marketing, publishing flyers, photography, video, video editing, power point, publisher, fundraisers, Chaperoning, hosting in house small groups, Christmas play, costumes, props, Christmas party
I would like to provide snacks for Clubhouse. _____

I would like to help with office work for the children's ministry
