

**Christ Reformed United Church of Christ  
Sunday School/Children's Church/Spirit Stars  
Registration**



**Part A – General Information**

Child's Name	Date of Birth
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Parents/Caretakers' Names
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Address
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Home Phone	Cell Phone
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School Child Attends	Grade (or age if pre-K)
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In general, at what frequency might we expect to see your child in Sunday School/Children's Church/Spirit Stars (e.g. weekly, every other week, monthly, etc.)? Is there any way we can help you overcome barriers to your child's regular participation in these ministries?
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What are your child's social strengths?
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What activities does your child enjoy?
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What are your child's academic strengths?
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**We would appreciate knowing how to reach you during your time at church in case there is an emergency related to your child. While staff and volunteers can try to locate you in the facility, it is also helpful to have a cell phone number to call. While you are participating in an adult Sunday School group or attending worship, please put your cell phone on vibrate.**

Emergency Contact During Time At Church	Phone Number (cell phone(s) that can be on vibrate so we can reach you during class/worship)
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Does your child have any special medical/behavioral/learning needs?

Yes (please complete Part B of this registration packet)  
 No

Please initial each item below.

Initial:	I understand that Sunday School is in session from 9:15 until 10:15 and will make every effort to ensure my child arrives and is picked up on time.
Initial: (if applicable)	I understand that the Children's Church ministry ends with the completion of the congregational worship service and will make every effort to ensure my child is picked up on time following the service.
Initial: (if applicable)	I understand that the Spirit Stars ministry runs concurrent with the 10:30 worship service and will make every effort to ensure my child arrives on time and is picked up on time following the service.
Initial:	I authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Christ Reformed United Church of Christ staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical <i>attention</i> when needed while involved in the activities connected with Christ Reformed United Church of Christ's programs when I or my emergency contact is unavailable to give such consent.
Initial:	I give Christ Reformed United Church of Christ permission to include my child in photos used for informational or promotional purposes.

Guardian's Signature	Date
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Email address:  <i>(please indicate if you would like to receive email updates about Sunday school)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Part B – Special Medical/Behavioral/Learning Needs Information

What is your child's medical/behavioral condition or learning need?

Are there any foods/situations that cause problems for your child?

Does your child exhibit any physical or emotional behaviors that may interfere with participation in one of our child/youth ministries or activities?

What do you do to promote appropriate, attentive behavior?

Are there any physical modifications that will need to be made for your child to access Sunday School, Children's Church, or Spirit Stars?

What type(s) of learning or social activities are difficult for your child?

How can classroom materials/activities be modified to meet your child's specific learning needs?

Is your child aware of his/her medical/behavioral/learning needs and/or strategies that help him/her to be successful in the classroom?

Does your child have an IEP or 504 plan?

- Yes (Primary Disability \_\_\_\_\_)  
 No

Would you like us to arrange a meeting for you to discuss your child's needs?

- Yes  
 No