

Children's Ministry and Religious Education Enrollment Forms

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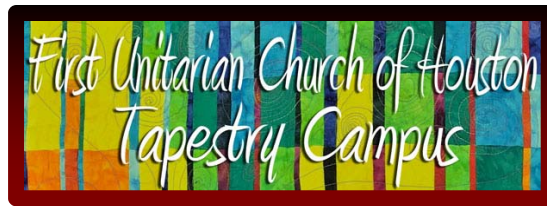
Child's Name	Last	First	Middle
Child's Nickname			
Child's DOB		Child's Age	

Child's Parent/Guardian	Last	First	Middle
Phone Numbers	Home	Work	Cell Phone
Address	Street	City	State Zip Code
Work Address	Street	City	State Zip Code
E-Mail Address			

2nd Parent/Guardian	Last	First	Middle
Phone Numbers	Home	Work	Cell Phone
Address	Street	City	State Zip Code
Work Address	Street	City	State Zip Code
E-Mail Address			

Emergency Contacts In Case of Emergency

Name	Last	First	Relationship
Phone Numbers	Home	Work	Cell Phone
Address	Street	City	State Zip Code



Child's Health Information Form

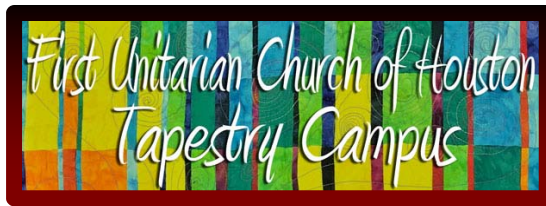
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Special Health Conditions	1.
	2.
	3.
	4.
	5.

Allergies of any kind, including drug reactions	1.
	2.
	3.
	4.
	5.

Regular Medications (including vitamins)	1.
	2.
	3.
	4.
	5.

Other Pertinent Health Data	
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Consent to Medical Care and Treatment of Minor Children

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When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Activity Permission Authorization Form

Child's Name	
Parent's Name	

The Tapestry RE Program has my permission to:

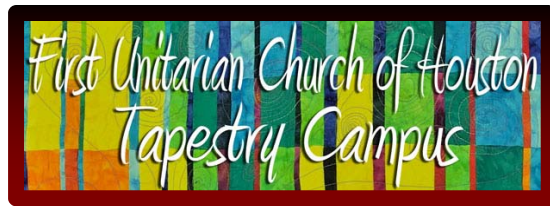
ACTIVITY	YES	NO
Take my child on walks during scheduled outside times...		
Take photos of my child for use on the Church's website...		
Give my telephone number and address to other families in the center...		

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Children's Ministry and Religious Education Family Survey Form

1. What religion does your family identify with?
2. What holidays does your family celebrate?
3. What holidays does your family not celebrate?
4. What would you like your child(ren) to learn from the RE program?
5. Would you be interested in participating in the RE program with your child? If so, how would you like to help (making activity baskets, gardening projects, art projects, cooking projects, donating supplies, helping out during RE, etc.)?
6. Please give us feedback on the RE schedule. How well does it work for your family?
7. Please give us feedback on the RE enrollment and orientation process. What can we do to make it easier for you and your child?
8. Can we add you to a parent group email?