

**Faith Presbyterian Church**  
**Census & Family Ministries Programs Registration**



**2009/2010**

Return form by September 23, 2009

Are you a member of Faith Church?  YES  NO

CHILD(REN) LIVE WITH: (check all that apply)

Both parents  Mother  Father  
 Stepparent  Guardian  Other

If Other, please specify \_\_\_\_\_

FATHER FIRST NAME \_\_\_\_\_ MOTHER FIRST NAME \_\_\_\_\_ FAMILY LAST NAME \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**HOME PHONE**  
 \_\_\_\_\_

**FATHER**  
 DAY PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_

**MOTHER**  
 DAY PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_

**PARENT'S EMAIL ADDRESS** \_\_\_\_\_  
 (PLEASE PRINT)

Mother  Father  
 Home email  Work email  Yes, you can contact me at this email address with updates and information

Student Information	1st Child	2nd Child	3rd Child	4th Child
First Name				
Last Name (if different)				
Student Cell phone				
Student email address				
Grade in 09/10				
School in 09/10				
Birth Date				
Gender				
Are you Baptized/date?				
Are you Confirmed/date?				
Would like information for Baptism &/or Confirmation				

**PROGRAM REGISTRATION** To register your child(ren) in Family Ministries Programs, move down the column for each child and **write the Grade in the box** of the program for which you are registering.

<b>Sunday School (Nsy-6th)</b> Sundays 10:15-11:00 am				
<b>AdventureQuest (1st-6th)</b> Wednesdays 6:00-7:30 pm				
<b>Lighthouse (7th-9th)</b> Wednesdays 6:00-7:30 pm				
<b>Focus (10th-12th)</b> Wednesdays 7:00-8:30 pm				

**To better serve you, list any Special Needs (Dietary, food allergies, LD, ADHD, Physical restrictions, etc.**

<b>Special Needs/Disabilities/Allergies</b>				
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# MINISTRY INVOLVEMENT

Each family is encouraged to share their time and talents in some way with the program. We also welcome teen volunteers. Please check the appropriate boxes.\*\*

Parent Name (A) \_\_\_\_\_

Parent Name (B) \_\_\_\_\_

Teen Name (C) \_\_\_\_\_

Teen Name (D) \_\_\_\_\_

## I WOULD BE INTERESTED IN VOLUNTEERING WITH (PLEASE SELECT AT LEAST ONE)

\*\*List the letter that corresponds to the name of the volunteer.

\_\_\_\_\_ Sunday School Leader      What age or grade interested in helping with? \_\_\_\_\_

\_\_\_\_\_ Wednesday Meal Hospitality

\_\_\_\_\_ AdventureQuest Group Leader      What age or grade interested in helping with? \_\_\_\_\_

\_\_\_\_\_ AdventureQuest Support (Help students get to choir & classrooms, set up or tear down, Games, Music)

\_\_\_\_\_ Lighthouse Group Leader

\_\_\_\_\_ Lighthouse Support (Help with special events or trips, student mentor, discipleship)

\_\_\_\_\_ Focus Group Leader

\_\_\_\_\_ Focus Support (Help with special events or trips, student mentor, discipleship)

\_\_\_\_\_ Wednesday Night Open Gym helper (AdventureQuest, Nursery-K, Lighthouse, Focus)

\_\_\_\_\_ Pray in support of Family Ministries

## Student Emergency Medical Information

**Contact/Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **HP#** \_\_\_\_\_ **Group#** \_\_\_\_\_

**Family Doctor/Clinic** \_\_\_\_\_ **Phone** \_\_\_\_\_