

**First Protestant Church, New Braunfels, Texas**

**Sons and Daughters Children's Ministry**

**Sunday School/Kids in Worship Form**

**Personal Contact Details**

Family Name/s: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Date of Birth:    /    /    Preferred Name: \_\_\_\_\_ Current grade: \_\_\_\_\_

Address:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is your preference of contact? \_\_\_\_\_

**Alternate emergency contacts:**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give details (name, address and phone number) of other persons who you authorize to collect your child/ren in your absence, while in the care of the abovenamed group:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Are there any family situations we should be aware of ? Eg: custodial issues, other matters (please specify)

\_\_\_\_\_

Are there any siblings also enrolled/active in First Protestant Church activities? (Sons and Daughters or Merge Students) If so, please list their names and grades below.

Name: \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_ / \_\_\_\_\_

**Privacy Information**

*This information has been collected for the primary purpose of **First Protestant Church** and may be used for any activities conducted or promoted by the **First Protestant Church***

*If you do not want this information to be used for any other purpose other than children's programs, please notify us in writing: **Attn: Denise Martin, 172 West Coll Street, NB 78130***

**Permission to Participate in Program Activities**

I consent to my child taking part in the approved program of activities for the Sons and Daughters Children's Ministry.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Permission to View Video/DVDs**

I consent to my child viewing DVDs rated (G) General.  
I understand that all material will be previewed by a leader to check suitability.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Permission to be Photographed or Filmed**

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Permission of Transportation**

I give my permission for my child to be transported via church vehicle or approved volunteer's vehicle to an off site activity during Sunday school, Kids in Worship or at any other previously designated time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Confidential Medical Report**

*The information below is requested to assist in case of any illness or accident. This information will be held in confidence.*

1. Please check if your child suffers from any of the following:

- Heart condition
- Allergies
- Asthma
- ADHA
- Diabetes
- Other (please specify

\_\_\_\_\_

:

2. Is your child presently taking medication? Yes / No *If yes, please state the name of the medication, dosage, etc.*

\_\_\_\_\_ Does your child self-administer? Y / N

3. Is your child allergic to:

- Penicillin
- bee stings
- Other drugs or food (please specify)

\_\_\_\_\_

4. Please list any physical or special needs: (eg. Dietary requirements)

---

---

---

Sunday school classes will be held every Sunday throughout the academic school year unless indicated. Sunday school times are from 9-10:15 with students being allowed to be checked-in by their parents as early that 9:00am. Please walk your child to Seele and make sure they have safely arrived and that a teacher is present in their room.

Children's Church/Kids in Worship is held every 2nd-4th Sunday of the month with the 1st being set aside for families to share communion together. If your child will participate in Children's Church (Kids in Worship) during the 10:30 services please check the appropriate response. Yes\_\_\_\_ No\_\_\_\_

If yes, please indicate the 2 Sundays in the Fall, 2017 that you will commit to helping during that time? 10:30-11:30. Please circle dates below: (Spring dates available in December, 2017).

**September**

10<sup>th</sup>  
17<sup>th</sup>  
24<sup>th</sup>

**October**

8<sup>th</sup>  
15<sup>th</sup>  
22<sup>nd</sup>  
29<sup>th</sup>

**November**

12<sup>th</sup>  
19<sup>th</sup>  
26<sup>th</sup>

**December**

3<sup>rd</sup>  
10<sup>th</sup>  
17<sup>th</sup>  
24<sup>th</sup>

**January**

7<sup>th</sup>  
14<sup>th</sup>  
21<sup>st</sup>  
28<sup>th</sup>

**February**

4<sup>th</sup>  
18<sup>th</sup>  
25<sup>th</sup>

**March**

4<sup>th</sup>  
18<sup>th</sup>

**April**

8<sup>th</sup>  
15<sup>th</sup>  
22<sup>nd</sup>  
29<sup>th</sup>

**May**

6<sup>th</sup>  
13<sup>th</sup>  
20<sup>th</sup>  
27<sup>th</sup>

I, \_\_\_\_\_, am the parent or legal guardian of  
\_\_\_\_\_, who was born on \_\_\_\_\_, 20\_\_.

I hereby authorize adult leaders from First Protestant Church, New Braunfels, TX to Consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or specific supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for the welfare of my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical or hospital care or treatment.

Further, as parent or guardian of my child, I hereby expressly consent that my child may receive emergency medical or dental treatment without the necessity of notifying me first. I further agree to hold blameless any anyone affiliated with First Protestant Church, as well as any physician, hospital, or other medical center for rendering such services.

---

Parent / Guardian Signature

Date

(Form Valid from September 6, 2017 to October 1, 2018)

I understand that there are video monitors and cameras in use on the grounds at First Protestant church, as well as the fact that pictures will be taken at most, if not all, ministry events. I understand that these pictures, which may include myself, and/or my child, may be published on social media, as well as published in advertisements and promotional materials for First Protestant Church, Sons and Daughters, and other ministries of First Protestant Church. I acknowledge that these events are not considered private, but to be public events, with no expectation of privacy nor control of these images.

---

Parent / Guardian Signature

Date

Custodial Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Non-Custodial Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: (other than parent/guardian)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Known Food and Medical Allergies and Additional Important Information:

---

---

---

---