



Kids Crossing

2009-2010 Family Registration Form

For Office Use	
Date Rec'd	_____
Database	_____

WHY IS THIS REGISTRATION FORM SO IMPORTANT? It enables us to ...

- Officially add your child to a Class Roster
- Update your **Kids Crossing** address information
- Inform our Class Teachers about specific health concerns
- Send you **Kids Crossing** communications
- Give you opportunities to partner & serve

- If you are a regular attendee, complete and return one form per four children in your family. **Please complete all four sides of form.**
- To be placed on a new class roster in the Sept., **a new registration form must be completed each year.**
- Return form to child's class, the **Kids Crossing** information desk or mail to: **Kids Crossing**
Centreville Baptist Church
15100 Lee Highway
Centreville VA 20120
- The new year begins on **Promotion Day**, September 13, 2009 . Children age 2 (by Sept. 30), and older are placed by their birth date or current grade level in school and **remain in the same class all year**, regardless of whether or not they turn a year older. Home schooled children should be placed with children of the same age.
- **Children in grade 3 and above are encouraged** to attend a Bible study class and the worship service. Resources are available from the Children's Ministry to help you prepare and guide your child in participating in the worship services.
- Comments or concerns? Contact Marlene Hale, Director, at 703-830-3333 x105 or marlene.hale@cbcva.org

Parent/Guardian(s): _____

Relation to child: _____

Street: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ - _____

(For emergency use only)

His secondary phone # (cell or work)

() _____ - _____

Her secondary phone # (cell or work)

() _____ - _____

Please include email and remember to provide updates. We have transitioned to email as our primary means of communication.

Preferred email address (please print clearly): _____

Emergency Contact Information: This information will be kept on file for all programs your child attends at the church throughout the year. If any of this information should change please notify the Children's Ministry Director.

Emergency Contact (name/relationship/phone#): _____

Insurance Carrier _____ Policy/ID Number: _____

Medical Release: The adult advisor(s) have my permission, for my child to receive medication and emergency treatment if necessary in the event of illness or accident. To include, if necessary, taking my child, at my expense, to the hospital emergency room deemed appropriate by the rescue squad or the adult advisor(s). The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Photo Release: I acknowledge my child may be photographed and/or videotaped during Kid's Crossing activities with the understanding that these pictures and/or sound may be shared with other children and the church membership, including use on our website.

Signature of parent, guardian _____ Date _____

Church and family working together to create a place where children can learn about and experience the love of Jesus Christ.

Please complete the following information. It will help us get to know you, as well as guide you in discovering ways to connect with and partner with **Kids Crossing**. We are here to support you as the primary spiritual teachers to your children.

Areas of work and/or ministry experience: _____

Hobbies, talents, other areas of interest: _____

In addition to our weekly volunteers, there is also **a variety of other opportunities** available. These do not require a regular commitment from you, unless you desire it. **Please take the time to read through the list and check any areas in which you MAY be willing to serve or would like more information.**

Welcome Team

- Welcome visitors and assist them in registering children
- Contact visitors via post card or phone call

Communications/ Media Team

- Put together power point presentations
- Take photographs and/or video for special events
- Put together video presentations
- Website expertise

Resource Team

- Organize and replenish supplies in resource room and classrooms
- Shop for supplies
- Make play dough for preschool classes
- Paint wall murals or other ministry props
- Handyman projects: repair furniture/ equipment (as needed), painting projects

Special Projects

- Sort Literature (quarterly)
- Bulletin Boards
- Prayer Support Team

Teaching Team

- Teacher/assistant
- Substitute teacher/assistant
- Discipleship classes - short term classes for new members or other discipleship topics
- Room Parent - assist teacher with organization or preparation (not a Sunday morning commitment)

Nursery Team

- Volunteer: monthly, quarterly (for those that no longer have nursery age children)
- 5th Sunday team
- Quarterly cleaning of all nursery rooms (help once a year or more)

Craft Team

- Prepare crafts for class
- Shop for craft supplies

Volunteer Appreciation Team

- Assist with annual appreciation event for volunteers
- Assist in ongoing ways to express appreciation to volunteers
- Periodically provide refreshments for volunteers

Already serving at CBC in _____

SERVING in ministry is a part of our faith journey. CBC is committed to assisting you in this area. **Kids Crossing** is one ministry area, but there are many others. Periodically, CBC will conduct PLACE training to help you discover your ministry gifts and talents. In addition to this class, we will provide information on opportunities to serve throughout CBC. If you already know an area you are interested in receiving additional information, please check the box(es) below, and we will forward the request to the appropriate ministry leadership.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student Ministry | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Women's Ministry | <input type="checkbox"/> Outreach/Evangelism |
| <input type="checkbox"/> Worship Ministry | <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Congregational Care | <input type="checkbox"/> Administration |

Program Descriptions

All programs use curriculum that is Christ-centered, Bible-based, and age appropriate.

Sunday Morning

For children age infant - kindergarten, numbered security bracelets are used to assist teachers in contacting parents, if the need arises.

Nursery [For children ages birth - 2]

Weekly volunteers and parents join together to provide safe, healthy, peaceful Christian care in a loving atmosphere. *Nursery & toddler children move from room to room as they develop. However, **they only move up into Preschool 2 yr old classes on Promotion Day.***

Preschool [For children age 2 (by Sept. 30) - kindergarten]

Classes use a multi-sensory approach designed to teach Bible stories and biblical principles. Children are placed in classes by age. 9:30 and 11:00 classes available.

Elementary Age [Grades 1 - 6]

Students will gain knowledge and understanding of the Bible and how it applies to their daily lives through stories, activities, scripture memorization, and service projects. Parent of children 3rd grade and above should choose either the 9:30 or 11:00 class and have them attend worship with them the other hour.

9:30 Traditional classroom setting for Bible study grades 1-6

11:00 Kids JAM (Jesus and Me) combination of large group/small group for grades 1-4
Grades 5 & 6 - discipleship topics taught in traditional classroom setting

Monday afternoon

AWANA 4:45 - 6:30 pm - Program for children ages 3 - high school focused on scripture memory. Separate registration form available on information boards.

Wednesday evening

Kids Club 6:40 - 8:10 pm

Session 1: 6:40 - 7:20 Choirs for children: kindergarten - 1st grade; 2nd grade - 6th grade

Session 2: 7:25 - 8:10 Service and mission based activities for ages 4 - 6th grade.

Nursery [For preschool age children, birth - 4 years]

Paid child care providers loving care for preschool age children while their older siblings and parents participate in other activities at the church.

Child One - Please Print Clearly

Child's Name: _____ **Birth Date:** _____ month _____ day _____ year

Gender: (circle one) male female **Grade** (2009-2010 school year) _____

Has your child accepted Christ? ___Yes ___No **Baptized by immersion?** ___Yes ___No **Date:** _____

Please circle all programs your child will be attending.

Sunday Bible Study: 9:30 a.m. 11:00 a.m.
Monday afternoon: AWANA (must complete separate registration form)
Wednesday evening: Nursery Kids Club Session 1 _____ Session 2 _____

Does your child have any food allergies or other health concerns? (If yes, please list) _____

Does your child have special needs? Do they have an I.E.P. in school? (If yes, please explain)

Child Two - Please Print Clearly

Child's Name: _____ **Birth Date:** _____ month _____ day _____ year

Gender: (circle one) male female **Grade** (2009-2010 school year) _____

Has your child accepted Christ? ___Yes ___No **Baptized by immersion?** ___Yes ___No **Date:** _____

Please circle all programs your child will be attending.

Sunday Bible Study: 9:30 a.m. 11:00 a.m.
Monday afternoon: AWANA (must complete separate registration form)
Wednesday evening: Nursery Kids Club Session 1 _____ Session 2 _____

Does your child have any food allergies or other health concerns? (If yes, please list) _____

Does your child have special needs? Do they have an I.E.P. in school? (If yes, please explain)

Child Three - Please Print Clearly

Child's Name: _____ **Birth Date:** _____ month _____ day _____ year

Gender: (circle one) male female **Grade** (2009-2010 school year) _____

Has your child accepted Christ? ___Yes ___No **Baptized by immersion?** ___Yes ___No **Date:** _____

Please circle all programs your child will be attending.

Sunday Bible Study: 9:30 a.m. 11:00 a.m.
Monday afternoon: AWANA (must complete separate registration form)
Wednesday evening: Nursery Kids Club Session 1 _____ Session 2 _____

Does your child have any food allergies or other health concerns? (If yes, please list) _____

Does your child have special needs? Do they have an I.E.P. in school? (If yes, please explain)

Child Four - Please Print Clearly

Child's Name: _____ **Birth Date:** _____ month _____ day _____ year

Gender: (circle one) male female **Grade** (2009-2010 school year) _____

Has your child accepted Christ? ___Yes ___No **Baptized by immersion?** ___Yes ___No **Date:** _____

Please circle all programs your child will be attending.

Sunday Bible Study: 9:30 a.m. 11:00 a.m.
Monday afternoon: AWANA (must complete separate registration form)
Wednesday evening: Nursery Kids Club Session 1 _____ Session 2 _____

Does your child have any food allergies or other health concerns? (If yes, please list) _____

Does your child have special seeds? Do they have an I.E.P. in school? (If yes, please explain)