



**FIRST BAPTIST SWEETWATER
WEDNESDAY NIGHT CHILDREN'S MINISTRY
2018– 2019 REGISTRATION FORM**



- **CHILDREN'S CHOIR - 6:00PM** ● **AWANA - 6:45PM**

Parents/Guardian: _____ Home Phone: _____

Dad's Cell: _____ Mom's Cell: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Home Church: _____ How did you hear about us? _____

EMERGENCY CONTACT INFO

Emergency Contact: *(if we are unable to reach parents/guardian)*

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Who may pick up your child on Wednesday evenings? _____

Is there someone who absolutely may NOT pick up your child on Wednesday evenings?

SOCIAL MEDIA

Do we have permission to photograph your child and use for AWANA and/or Children's Choir activities such as slide shows, bulletin boards, our Facebook page, etc. Please check one: Yes _____ No _____

____ I would like to be added to the FBS AWANA Facebook page.

____ I would like to be added to the FBS Children's Choir Facebook page.

My Facebook user name is: _____

Please sign up for Children's Choir and AWANA Text Remind. To join, text to the number 81010 with the message @fbswcc (children's choir) and another text to 81010 with @fbsawan (AWANA)

VOLUNTEERS

I am willing to help with our AWANA ministry: Yes _____ No _____

I am willing to help with our Children's Choir ministry: Yes _____ No _____

Children's Choir / AWANA Registration 2018 - 2019

1 Child's Full Name: _____

Birthdate: Month _____ Day _____ Year _____ Age: _____ Grade: _____

Check One for Children's Choir:

- Heralds (K) Melody Makers (1st) Music Makers (2nd- 3rd) Young Musicians (4th- 5th) No Choir

Check One for AWANA:

- Cubbies (3's & 4's) Must be 3 by September 1! Sparks (K- 2nd) T&T (3rd - 5th) No AWANA

PLEASE NOTE ANY FOOD ALLERGIES OR OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF:

2 Child's Full Name: _____

Birthdate: Month _____ Day _____ Year _____ Age: _____ Grade: _____

Check One for Children's Choir:

- Heralds (K) Melody Makers (1st) Music Makers (2nd- 3rd) Young Musicians (4th- 5th) No Choir

Check One for AWANA:

- Cubbies (3's & 4's) Must be 3 by September 1! Sparks (K- 2nd) T&T (3rd - 5th) No AWANA

PLEASE NOTE ANY FOOD ALLERGIES OR OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF:

3 Child's Full Name: _____

Birthdate: Month _____ Day _____ Year _____ Age: _____ Grade: _____

Check One for Children's Choir:

- Heralds (K) Melody Makers (1st) Music Makers (2nd- 3rd) Young Musicians (4th- 5th) No Choir

Check One for AWANA:

- Cubbies (3's & 4's) Must be 3 by September 1! Sparks (K- 2nd) T&T (3rd - 5th) No AWANA

PLEASE NOTE ANY FOOD ALLERGIES OR OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF:

4 Child's Full Name: _____

Birthdate: Month _____ Day _____ Year _____ Age: _____ Grade: _____

Check One for Children's Choir:

- Heralds (K) Melody Makers (1st) Music Makers (2nd- 3rd) Young Musicians (4th- 5th) No Choir

Check One for AWANA:

- Cubbies (3's & 4's) Must be 3 by September 1! Sparks (K- 2nd) T&T (3rd - 5th) No AWANA

PLEASE NOTE ANY FOOD ALLERGIES OR OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF: