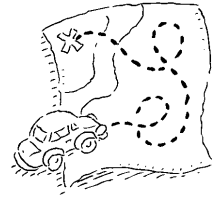


# Children's Ministry Road Map Registration Packet



**Please do not disassemble this packet. Fill out the forms that pertain to your family and return the ENTIRE PACKET INTACT to the church office by May 17.**

Last Name(s) \_\_\_\_\_

Please look through the Children's Ministry Road Map and this registration packet carefully.

ALL FAMILIES must fill out the following three forms:

This Cover Page

The Parent Consent Form

The Family Information Form

Please indicate with an "x" whether or not members of your family will be participating in the following ministries in 2009-10 and then fill out the participation form in this packet accordingly.

	Yes	No
BAM	_____	_____
4 <sup>th</sup> or 5 <sup>th</sup> Grade CAT Class	_____	_____
4 <sup>th</sup> or 5 <sup>th</sup> Grade Acolyting	_____	_____
Sunday School	_____	_____

Please return this packet to the church office by May 17, 2009.  
Thank you!

*A timely response is one of the easiest and most effective ways that you can support the Children's Ministries of Bethel Lutheran Church!*

Do you have questions? Here's your expert!

Pam Vig

Director of Children's Ministries

507-786-8878

[bethelchildren@charterinternet.com](mailto:bethelchildren@charterinternet.com)

## Parent/Guardian Consent Form 2009-10

I, \_\_\_\_\_, am the parent or legal guardian of the child(ren) listed below, and I am informed of the activities offered by Bethel Lutheran Church located at 1321 North Avenue in the city of Northfield, County of Rice, and State of Minnesota, beginning on the day of August 1, 2009 and ending on the day of July 31, 2010.

As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all on site activities provided by Bethel Lutheran Church.

\_\_\_\_\_  
Signature of Parent or Guardian

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, \_\_\_\_\_ am the parent or legal guardian of the below named child(ren). I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for 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. As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Full Name of Parent or Guardian)

Child's Name	Birthdate	Allergies/Medications <small>(Attach an explanation if necessary.)</small>	Activity Exclusions <small>(Attach an explanation if necessary.)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Health Insurance Company and pertinent subscriber number \_\_\_\_\_

## 2009-10 Family Information Form

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

Children – Please list all children born after September 1, 1998 and before September 1, 2006

First Name: _____
Middle Name: _____
Prefers to be called: _____
Birthdate: _____
Grade in '09/10: _____

First Name: _____
Middle Name: _____
Prefers to be called: _____
Birthdate: _____
Grade in '09/10: _____

First Name: _____
Middle Name: _____
Prefers to be called: _____
Birthdate: _____
Grade in '09/10: _____

First Name: _____
Middle Name: _____
Prefers to be called: _____
Birthdate: _____
Grade in '09/10: _____

### Parent Information

Father's Name _____
Address _____
Phone _____ Cell _____ Work _____
Email _____

Mother's Name _____
Address _____
Phone _____ Cell _____ Work _____
Email _____

## Participation Form

Last Name \_\_\_\_\_

Please list all children who will be age 3 by September 1 through those entering grade 5 in the fall of 2009. Please place a check mark under the activities in which each child will participate. The *CAT ONLY* and *Acolyte* columns are for Grade 4 and 5 students only. CAT Only means the child will only attend on dates for which their class is scheduled to have CAT. (See Calendar on page 10.) The BAM, School and Bus columns are for students in kindergarten-grade 5 only.

If you are uncertain which school your child(ren) will be attending in the fall, indicate your best guess on the form and contact Pam if the assignment changes.

	Child's Name _____	Child's Name _____	Child's Name _____	Child's Name _____	Child's Name _____
Sunday School					
BAM					
CAT only (Grades 4–5)					
Acolyte 8:30 (Grades 4–5)					
Acolyte 10:45 (Grades 4–5)					
Child's School					
Bethel Bus					
BAM pick-up time (see page 5 for times)					
* 1/2 Steps (Grade 3) (second semester only)					
* Orff (Grades 3–5)					
* Chimes (Grades 4–5)					
* If your child is signed up for Orff or Chimes please indicate in which semesters they will participate: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>___ 1st Semester</span> <span>___ 2nd Semester</span> <span>___ Both</span> </div>					

### Special Requests

If you would like your child in a Sunday School class with a particular teacher or friend, please indicate that here: \_\_\_\_\_

\_\_\_\_\_ Please do NOT include pictures of my child on the Bethel website.  
 \*Occasionally we will post pictures on our website of activities and events that take place at Bethel. If you do not check the above line, we will assume that we have your permission to post a picture with your child in it. Thank you.

If you have children who will attend BAM, please indicate where you can be reached between 2:30 and 5:30 each Wednesday:

Mother \_\_\_\_\_ Father \_\_\_\_\_

### BAM Absences

It is vital that you call or email as soon as possible to let us know when your child will be absent from BAM. When we do not hear from you we assume he/she is missing. Please help us in tracking down your missing child as quickly as possible by providing us with a list of phone numbers and the order in which they should be called. We will always call the school first to make sure they were in class that day. We are counting on you, through this form, to let us know who would be the next likely person to call. These numbers may include a day care provider, parent(s)' work phones or cell phones, neighbor's phones, etc. Every week at BAM there are a few children who turn up absent without prior notice. More often than not it turns out the parent is aware of the absence but has forgotten to inform us. But every once in awhile a child will forget it is Wednesday and end up somewhere other than Bethel without the parent(s) knowledge. It is for these unforeseen occasions that these phone numbers become crucial. Imagine this has happened to your child. Where would he/she go? Where might he/she possibly be? These are the phone numbers we need you to fill in below:

First Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Second Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Third Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Fourth Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

If we are unable to locate your child or you at any of the above phone numbers, is there anyone or any place else we should call? If yes, who and at what phone number? \_\_\_\_\_  
\_\_\_\_\_

### BAM pick up times

Our BAM schedule allows for our younger students and CAT Only students to be picked up at various times. Please indicate in the box on page 4 when you will be picking your child up from BAM most weeks.

- Kindergarten—Choir only 4:15, Choir and Kclub 5:00, Choir, Kclub and Video 5:30
- Grades 1-2—TNT/Rec and Choir 5:00, TNT/Rec, Choir and Video 5:30
- Grade 3-5—Video and TNT/Rec 4:45, TNT/Rec and Choir 5:30
- Grade 4-5 CAT Only students—4:00

## Children's Ministry Volunteer Opportunities for 2009-10

Name \_\_\_\_\_ Phone \_\_\_\_\_

### BAM

*Times are approximate. A final schedule will be available in August.*

- \_\_\_\_\_ Snack Preparer and Server – 3:15-4:30 – Buy groceries (you will be reimbursed), prepare, serve, and clean up snack.
- \_\_\_\_\_ Snack Monitor – 3:30–3:45 or 4:00-4:15 – Help pour water and monitor snack time.
- \_\_\_\_\_ Dean – 2:30-5:30 - Take attendance and monitor halls.
- \_\_\_\_\_ TNT – 3:15-4:45 – Lead or assist with a project or activity.
- \_\_\_\_\_ Recreation – 3:15-5:00 – Lead or assist with recreation activities.
- \_\_\_\_\_ Nursery – 2:30-5:30 – Provide childcare for preschool children of BAM volunteers
- \_\_\_\_\_ KClub – 4:15-5:00 – Lead or assist our kindergarten students in activities, games, crafts.
- \_\_\_\_\_ Bus Shepherds – 15 minutes or so at the end of the school day – Gather with the children at one of the schools and wait with them for the Bethel Bus. Please circle the school at which you would prefer to shepherd:
- Bridgewater                      Greenvale                      Sibley
- \_\_\_\_\_ Video Room Monitor – 3:30-4:00 and/or 5:00-5:30 Show one of our children's videos and watch it with the children.
- \_\_\_\_\_ Bistro Playroom Monitor – 5:30-6:30

Please circle below how often you would be willing to serve in the above marked areas for BAM or write in specific dates if you know them:

Weekly                      Bi-Monthly                      Monthly                      Semi-Monthly

Dates \_\_\_\_\_

### CA Techism Class

- \_\_\_\_\_ I would be willing to serve as the acolyte liaison for 4<sup>th</sup> graders at the 8:30 service.
- \_\_\_\_\_ I would be willing to serve as the acolyte liaison for 5<sup>th</sup> graders at the 8:30 service.
- \_\_\_\_\_ I would be willing to serve as the acolyte liaison for 4<sup>th</sup> graders at the 10:45 service.
- \_\_\_\_\_ I would be willing to serve as the acolyte liaison for 5<sup>th</sup> graders at the 10:45 service.

### Sunday School

- \_\_\_\_\_ I would be willing to teach or co-teach an age 3- Grade 1 Sunday School Class. Please indicate which age group \_\_\_\_\_.
- \_\_\_\_\_ I would be willing to serve as a Faith Quest Guide for a group of 8–10 grade 2–5 students for the entire year or for half a year. Please indicate with which grade you would like to serve \_\_\_\_\_.

\_\_\_\_\_ I would be willing to serve as a Faith Quest Station Leader for one or more four-week units. Please circle the units in which you would like to serve:

- |         |                           |         |                       |
|---------|---------------------------|---------|-----------------------|
| Unit #1 | September 20 – October 11 | Unit #5 | February 14 – March 7 |
| Unit #2 | October 18 – November 8   | Unit #6 | March 14 – April 11   |
| Unit #3 | November 15 – December 20 | Unit #7 | April 18 – May 23     |
| Unit #4 | January 10 – February 7   |         |                       |

\_\_\_\_\_ I would be willing to serve as a substitute Sunday School teacher in the following age groups  
\_\_\_\_\_.

\_\_\_\_\_ I would be willing to serve as a member of the Offering Project Team. This team helps to promote and advertise 3 Sunday School offering projects throughout the year.

### Seasonal

\_\_\_\_\_ I would be willing to help on Pretzel Sunday in March. Volunteers distribute, collect, bake, and return pretzels during the Sunday School hour to our Sunday School classes.

\_\_\_\_\_ I would be willing to be a member of the Christmas Program Planning Team. Beginning in mid-summer, these volunteers meet about a half dozen times to plan the Sunday School Christmas Program.

### Miscellaneous

\_\_\_\_\_ I would be willing to assist in stocking and overseeing a Children and Family devotional tool and resource area in the Lobby.

\_\_\_\_\_ I would be willing to assist in sorting and stocking supplies in the Resource Room on an occasional basis.

\_\_\_\_\_ I would be willing to design and create bulletin boards that highlight our ministries and the seasons of the church year.

\_\_\_\_\_ I would be willing to put together picture boards and photo albums that highlight our special ministry events.

\_\_\_\_\_ I would be willing to serve on the Board of Youth Formation. This group meets once a month and oversees all areas of Children and Youth Ministries at Bethel.

\_\_\_\_\_ I would be willing to help with painting murals and/or stencils in our education spaces.

\_\_\_\_\_ I would be willing to help with a Rally Day Festival Booth. (Shifts are 30 minutes long.) Please circle the areas in which you are willing to serve:

- |          |               |              |           |              |
|----------|---------------|--------------|-----------|--------------|
| Balloons | Face Painting | Bounce House | Dunk Tank | Games        |
| Food     | Popcorn       | Fish Pond    | Bingo     | Cupcake Walk |

Other: \_\_\_\_\_

\*If more than one person from your family is volunteering, please indicate the name of the person who is volunteering next to each volunteer position that is checked.

Is there anything else we should know? Do you have suggestions, requests or comments?

*Thank you for  
supporting the  
Children's  
Ministries of  
Bethel Lutheran  
Church!*