



Children's Ministry Road Map Registration Packet

April 2010

Last Name(s) _____

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 16.

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

Whether or not your child will participate in any of our ministries ALL FAMILIES must fill out the following:

The Parent Consent Form on page 2.

The Family Information Form on page 3.

Please return this packet to the church office by May 16, 2010.
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 Ministry

bethelchildren@charterinternet.com

Bethel Lutheran Church

1321 North Avenue

507-786-8878

www.bethelnorthfield.org

Northfield, MN 55057

Parent/Guardian Consent Form 2010-11

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, 2010 and ending on the day of July 31, 2011.

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 _____

2010-11 Family Information Form

Last Name: _____

Children – Please list all children born after September 1, 1999 and before September 1, 2007

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '10/11: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '10/11: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '10/11: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '10/11: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '10/11: _____

Almost all of our Children's Ministry information and communication is done via email. Please indicate at which email address you would like us to contact you. We are happy to send to more than one address per family if that is what works for you. Thank you for allowing us to keep you informed by sharing your email address with us.

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 2010. 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 BAM 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 (Gr. 4-5) <i>Will only attend on dates CAT is in session.</i>					
Acolyte 8:30 (Gr. 4-5)					
Acolyte 10:45 (Gr. 4-5)					
Name of Child's School					
Will Ride the Bethel Bus					
1/2 Steps (Grade 3) (Feb. - May only)					
**Orff (Gr. 3-5)					
**Chimes (Gr. 4-5)					
BAM Chapel Acolyte (Gr. 4-5)					
BAM Chapel Reader (Gr. 4-5)					
BAM Chapel Audio Visual (Gr. 4-5)					
*Christmas Program Speaking Part (Gr. 2-5)					
*Christmas Program Non-Speaking Part (Gr. 2-5)					
*Christmas Program Vocal Ensemble (Gr. 2-5)					
*Christmas Program Instrumental Ensemble (Gr. 2-5)					

*There will be an opportunity to change Christmas Program participation in the fall before final parts are assigned.

**If your child is signed up for Orff or Chimes please indicate in which semesters they will participate:

_____ 1st Semester _____ 2nd Semester _____ Both

Special Requests

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

Requests will be honored as we are able.

_____ 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, neighbors' 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

If your child will NOT be staying until 5:30 each week, please indicate at what time he/she will be picked up. For example, those students who only attend BAM when their grade has CAT Class should be picked up at 3:45 or 4:00 each week. If you are picking your child up before 5:30 each week, please do so on the half hour so as not to disrupt activities that are underway. See the Weekly Schedule on page 6 of the Road Map for details.

I will pick my child up each week at (circle one): 3:45 4:00 4:30 5:00

If you have not circled one of the above times, we assume your child will be here until 5:30.

Children's Ministry Volunteer Opportunities for 2010-11

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 – 4:00-4:30 – 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 – 3:15-3:45 and/or 4:30-5:00 Show one of our children's videos and watch it with the children.
- _____ Bistro Playroom Monitor – 5:30-6:00 or 6:00-6:30
- _____ Gathering Time Monitor -- 2:30 - 3:15 -- Monitor students in self-guided activities as we await the arrival of the Bridgewater students.

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 _____

Please indicate how early you are available and how late you can stay on any given Wednesday:

Arrival time _____ Finish time _____

CA Techism Class

- _____ I would be willing to serve as the acolyte liaison for 4th graders at the 8:30 service.
- _____ I would be willing to serve as the acolyte liaison for 5th graders at the 8:30 service.
- _____ I would be willing to serve as the acolyte liaison for 4th graders at the 10:45 service.
- _____ I would be willing to serve as the acolyte liaison for 5th 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 26 – October 17 | Unit #5 | February 20 – March 13 |
| Unit #2 | October 31 – November 21 | Unit #6 | March 27 – April 17 |
| Unit #3 | November 28 – December 19 | Unit #7 | May 1 – May 22 |
| Unit #4 | January 9 – February 6 | | |

_____ 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 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 assist in maintaining photo albums, dvds, slide shows, etc., of our Children’s 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!*