

# The **Children's Ministry** of The Open Door Church

Dear Parents,

We are delighted to have your child(ren) in the Children's Ministry of The Open Door Church!

We want to make sure your child is as safe as possible during all events we have for them. It is for this reason we are asking parents to assist us by completing the following pages and returning them to us. These forms will be separated, so please be kind and fill out the information on all pages, even though you have put it on another page.

There are several items in this packet.

1. General information
2. Medical Information
3. Emergency Contact Numbers
4. Event Permission Form
5. Photography Release

Please print clearly and return this completed packet to Pastor Chuck Rathel as soon as possible.

This packet will also serve as a registration form for this years Awana program.

Please feel free to visit any children's program we offer. If you have questions about the children's ministry please contact me. My office number is 717-264-3266 ext. 133. I can also be reached at 717-360-5317.

Yours for Kids!

CHUCK RATHEL

Chuck Rathel  
Children's Pastor

# The Open Door Church

## Children's Ministry Registration Form

PLEASE PRINT CLEARLY

Date Completed \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade in School This Year \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Child Attends \_\_\_\_\_

Church you regularly attend/or are a member of: \_\_\_\_\_

The Open Door Church       Other - \_\_\_\_\_       None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names and information are never used without specific permission. By signing this area, you are releasing The Open Door Church to use photographs of your child as stated above.

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

\_\_\_\_\_  
Date

**Mother's Name** \_\_\_\_\_

E-mail (Home or Work) \_\_\_\_\_

Phone \_\_\_\_\_

Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ Pager (    ) \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church that you regularly attend/or are a member of (if different from than child)

The Open Door Church       Other - \_\_\_\_\_       None

*I would like a visit to learn more about the children's ministry of The Open Door Church*    Yes    No

*I may be interested in serving in the Children's Ministry*    Yes    No



# The Open Door Church

Father's Name \_\_\_\_\_

E-mail (Home or Work) \_\_\_\_\_

Phones

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church that you regularly attend/or are a member of (if different from than child)

The Open Door Church       Other - \_\_\_\_\_       None

*I would like a visit to learn more about the children's ministry of The Open Door Church*    Yes    No

*I may be interested in serving in the Children's Ministry*    Yes    No

## List other people who are authorized to pick up your child from activities sponsored by The Open Door Church

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

# The Open Door Church

## Children's Ministry Emergency Information

### INSTRUCTIONS TO PARENTS

- (1) Complete all items.
- (2) Sign and date where indicated.
- (3) If your child has a medical condition that might require emergency medical care, complete the form and your child's practitioner review the information.

**NOTE: This entire form must be update annually.**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

*When parents cannot be reached, list at least on person who may be contacted to pick up your child in an emergency.*

1. Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Pager Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Pager Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Pager Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In emergencies requiring medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from The Open Door Church in Chambersburg, Pennsylvania to have your child transported to that hospital and receive treatment.

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

\_\_\_\_\_  
Date

# The Open Door Church

## Children's Ministry Emergency Information

### INSTRUCTIONS TO PARENTS

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require medical care.  
(2) If necessary, have your child's health practitioner review the information you provide and sign where indicated.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_  
\_\_\_\_\_

Medications currently being taken by your child \_\_\_\_\_  
\_\_\_\_\_

Date of your child's last tetanus shot \_\_\_\_\_

Allergies/Reactions \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY MEDICAL INSTRUCTIONS

(1) Signs/symptoms to look for \_\_\_\_\_  
\_\_\_\_\_

(2) If signs/symptoms appear, do this \_\_\_\_\_  
\_\_\_\_\_

(3) To prevent incidents \_\_\_\_\_  
\_\_\_\_\_

### OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note To Health Practitioner:** If you have reviewed the above information, please complete the following

\_\_\_\_\_  
Name of the Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

\_\_\_\_\_  
Date

# The Open Door Church

## Children's Ministry Event Form

This form gives your child permission to travel  
to and from events with the leadership of  
The Open Door Church.

Date Completed \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade in School This Year \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Child Attends \_\_\_\_\_

Church you regularly attend/or are a member of: \_\_\_\_\_

The Open Door Church       Other - \_\_\_\_\_       None

### Mother's Name

E-mail (Home or Work) \_\_\_\_\_

Phone

Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ Pager (    ) \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Name** \_\_\_\_\_

E-mail (Home or Work) \_\_\_\_\_

Phone

Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ Pager (    ) \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_  
Date