



Children's Ministry Road Map Registration Packet

April 2014

Last Name(s) _____

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

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 18.

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.

New families, please fill out the Family Information Form on page 3.

Please return this packet to the church office by May 18, 2014.
Thank you!

New members and visitors after May of 2014 are welcome to join us any time during the year and are asked to return this packet prior to their child's participation in our ministries.

Any questions? Please contact:

Pam Vig, Director of Children's Ministry

pvig@bethelnorthfield.org

Bethel Lutheran Church

1321 North Avenue

507-786-8878

www.bethelnorthfield.org

Northfield, MN 55057

Parent/Guardian Consent Form 2014-15

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, 2014 and ending on the day of July 31, 2015.

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 _____

2014-15 Family Information Form

Last Name: _____

Children – Please list all children born after September 1, 2003 and before September 1, 2011

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '14/15: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '14/15: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '14/15: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '14/15: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

Birthdate: _____

Grade in '14/15: _____

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/Guardian Information

Father's/Guardian's Name _____

Address _____

Phone _____ Cell _____ Work _____

Email _____

Mother's/Guardian'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 2014. 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,

	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name
	_____	_____	_____	_____	_____
Sunday School					
BAM					
Name of Child's School					
Will Ride the Bethel Bus					
Grade 3— 1/2 Steps (Feb—May only)					
Grade 4-5 Chimes**					
Grades 4-5 CAT <u>ONLY</u> <u>Will only attend on dates</u> CAT is in session					
Grades 4-5 Acolyte 8:30 Service					
Grades 4-5 Acolyte 10:45 Service					
Grade 5 BAM Chapel Acolyte					
Grade 5 BAM Chapel Reader					
Grade 5 BAM Chapel Audio Visual					

** 4th Grade Chimes meets Sept - Dec.

** 5th Grade Chimes meets Jan. - May

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 and Facebook page

*Occasionally we will post pictures on our website and Facebook page 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. We will never attach names to any photo to identify participants.

If you have children who will attend BAM, please indicate where you can be reached between 3:30 and 5:45 each Wednesday:

Mother _____ Father _____ Guardian _____

BAM Absences

It is vital that you let us know if your child will not be attending BAM on a specific date. Unless we hear from you we assume that your child will be in attendance and we will begin to search for her/him if they do not arrive on the bus. Our first call will be the school to make sure the child was in attendance that day. Our next calls will be your cell phone, work phone, and home phones. If there is someone else with whom we should check, please write those names and phone numbers in below. It is very helpful if you can let us know no later than noon on the day they will be absent so that we can let the bus shepherds know that they will not be riding the bus that day. Thank you for your cooperation with this very important step in keeping your child safe.

First Contact: _____
Phone Number: _____

Second 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? _____

When will you pick up your child(ren) from BAM?

Please note that there are no other activities scheduled during our choir rehearsals. If your child is not planning to sing in one of our choirs or if they will not be staying for the entire afternoon for any other reason, please indicate at which time you will be picking them up:

4:15

4:45

5:15

*Please pick your child up at one of these scheduled time or at 5:45 as it is distracting to our leaders and participants when students are pulled out of an activity already in session. Thank you!

Children's Ministry Volunteer Opportunities for 2014-15

*Please indicate the name of the person who is volunteering next to each volunteer position that is checked.

BAM

*Nursery is provided for pre-k siblings whose parents are volunteering that day.

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

- _____ Snack Preparer and Server – Buy groceries (you will be reimbursed), prepare, serve, and clean up snack.
3:00–4:00
- _____ Snack Monitor – Help pour water and monitor snack time. 3:30–3:45
- _____ Dean – Take attendance and monitor halls. 3:15-5:45
- _____ TNT Art – Lead or assist with an art or craft project or activity. 3:30–5:15
- _____ TNT Games – Lead or assist with game activities. 3:30–5:15
- _____ KClub – Lead or assist our kindergarten students in activities, games, crafts. 4:45–5:15
- _____ BLAST Leader - Lead either our 4th or 5th graders in servant and leadership activities when their grade is not in session for CAT Class. 4:15-4:45 See the calendar on page 10 for CAT Class dates.
- _____ 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 Middle School (Prairie Creek)
- _____ Video Room Monitor – Show one of our children's videos and watch it with the children. Please circle which time(s) you are available:
- 4:15–4:45 or 4:45–5:15

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 _____

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 Sept 14—Oct 12 | Unit #5 Feb 15—March 8 |
| Unit #2 Oct 19—Nov 16 | Unit #6 Lenten Pause—No Stations |
| Unit #3 Sunday School/Advent
Worship Reheasal- No Stations | Unit #7 April 12—May 10 |
| Unit #4 Jan 4—Feb 8 | Any Unit |

_____ 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 our Sunday School offering projects.

_____ I would be willing to take attendance and collect offering during Sunday School each week.

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 Advent Worship Planning Team. Beginning in mid-summer, these volunteers meet about a half dozen times to plan the Sunday School Advent Worship Service (Formerly known as 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 Youth Ministry Advisory Board. This group meets once a quarter 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 | Crafts |
| Food | Popcorn | Fish Pond | Bingo | Cupcake Walk | |

Other: _____

_____ I would be willing to serve a 30-minute shift at a station for our Family Advent Fair. Please circle the areas in which you are willing to serve:

- | | | | |
|------|--------|-------|---------------|
| Food | Crafts | Story | Face Painting |
|------|--------|-------|---------------|

Is there anything else we should know? We are always looking for ways to improve our ministries at Bethel, but we can't fix it if we don't know there's a problem. Please share honestly your questions, concerns, complaints, etc. It will be appreciated. In addition, we are always happy to entertain new ideas, activities, and events. Share those here as well.

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