



Winter/Spring 2019 Registration
January 9 – May 1, 2019
Wednesdays, 5:30-7:30pm

Return registration form to:
Children’s Ministries, First Presbyterian Church 194 W. 25th Avenue, San Mateo, CA 94403

A fee of \$100/per child per session is requested to help cover costs. Payment can be made by check to FPCSM or via PayPal online at: <http://www.fpcsm.org/ChildrenKingdomClub.html>. Includes dinners, crafts, T-Shirt & Music CD. Call 345-1633 x225 for scholarship information.

Last Name	First Name	Date of Birth	Male/ Female	Grade

Father’s Name: _____ Mother’s Name: _____

Home Address: _____
(Street, City & Zip)

Home Phone: _____ Cell or other Phone: _____

Email Address: _____ Church Home (if any): _____

Kingdom Club Parent Sign Up! (Thank you so much!)

Parents, please circle two dates you can help with dinner. (Or we can assign dates for you.)

Name: _____ Phone: _____ Email: _____

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|--|----------------------------------|
| Dates I can help with Dinner: <i>(please circle two)</i> | Jan. 9, 16, 23, 30 |
| <i>(Please arrive by 5:10pm; you’ll be done between 6:30-6:40pm)</i> | Feb. 6, 13, 20, 27 |
| | March 6, 13, 20, 27 |
| | April 10, 17, 24 (No KC April 3) |
| | May 1 |

I’d also like to be a part of Kingdom Club in the following way(s):

- Cook *(Cook dinner 2-4 times per session. Arrive at 4:30pm, finished by 5:45pm)*
- Wash dishes *(Wash dishes 2-4 times per session. Arrive at 5:30pm, finished by 6:45pm)*
- Table Host *(Sit at a table with 8 children and help them serve dinner and guide conversation—5:30-6:05pm)*
 Weekly Every other week
- Set design and creation for musical *(Our set designs are usually quite simple. Approx. 2-4 hours)*

Please complete the allergy and special needs info on the next page and sign the Parental Permission for Participation and for Emergency Treatment.

Parental Permission for Participation and for Emergency Treatment

NOTE: For legal and insurance purposes, parents are required to give their permission for their children to participate in church-sponsored activities. I/We understand that my/our child(ren) will be under adult supervision at all times. Participants or parents of children participating in church-sponsored activities covered by church insurance are financially responsible for medical, hospital and pharmaceutical expenses above the amount paid by the insurance company for any injury or illness sustained on activities sponsored by the church. In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child(ren):

Activity: Kingdom Club

Dates: Jan. 9-May 4, 2019

Name of Child:

Child's health issues, allergies or special needs:

If parents cannot be reached, please notify the following person:

Name: _____ Phone: _____

Your child(ren) may be photographed while participating in activities at FPCSM. Their photo may be used anonymously for promoting or sharing activities from Children's Ministry or church related events, in printed materials and/or electronically on the church website.

I give permission for my child's picture to be used anonymously in FPSCM publications for ministry purposes. Yes No

Parent's Signature: _____ Date: _____