

# 2008 CHILDREN'S SCHOOL OF SUPERNATURAL WORSHIP APPLICATION

PLEASE PRINT NEATLY

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

Last

First

Middle

Address: \_\_\_\_\_

Street Name

City/State

Zip Code

Telephone: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: 8 9 10 11 12 Gender M / F \_\_\_\_\_ Grade in School: \_\_\_\_\_

(Please circle the age of your child)

Choose T-Shirt Size: CHILD S(6-8) M(10-12) L(14-16) ADULT Small(10) Medium(12)

*T-shirts are made of high quality fabric and are generous in size with little shrinking*

## **PARENTS/GUARDIANS INFORMATION (To be filled out by parent/guardian)**

Father or Guardian: Name: \_\_\_\_\_

First

Last

Address (If Different): \_\_\_\_\_

Street Name

City/State

Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother or Guardian: Name: \_\_\_\_\_

First

Last

Address (If Different): \_\_\_\_\_

Street Name

City/State

Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **CHILD'S MINISTRY EXPERIENCE SECTION (To be filled out with help from a parent)**

When did you give your heart to Jesus? \_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you been attending regularly there? \_\_\_\_\_

Home Church/Denomination \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any special training or interest related to worship ministry? (i.e. gifting, callings, previous ministry experience in art, dance or singing)

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Why do you want to attend the Supernatural School of Worship?\_\_\_\_\_

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At the end of the Supernatural School of Worship what goals do you want to have accomplished?\_\_\_\_\_

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I/we understand children accepted into the Children’s Supernatural School of Ministry will be expected to honor those in authority over them and conduct themselves appropriately. Children who choose to act outside the guidelines that are set for them in such a way that it becomes problematic for leaders and disruptive to the function of the school will be asked to leave. I/we understand that the parent/guardian will be responsible for any expenses involved for removal of child from the Supernatural School of Worship. I/we also understand that school fees and tuitions are non-refundable after July 1, 2008.

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_

Child’s Signature\_\_\_\_\_Date\_\_\_\_\_

Please return this application by July 1, 2008 with a deposit of \$100 per child to:

Bethel Children’s School of Supernatural Worship  
Attention: Laura Griffis  
933 College View Drive  
Redding, CA 96003  
Fax (530)246-6020  
Email: laurag@ibethel.org

Please make checks payable to Bethel Church

Register Early - Space is limited