

2008 CHILDREN'S SCHOOL OF SUPERNATURAL WORSHIP APPLICATION

PLEASE PRINT NEATLY

Child's Name: _____
Last First Middle

Address: _____
Street Name City/State Zip Code

Telephone: _____ Day _____ Evening

E-mail: _____

Date of Birth: ____/____/____ Age: 4 5 6 7 8 9 10 11 12 Gender: M / F Grade in School: ____
(Please circle the age of your child) (circle one)

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)

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

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

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 tuition is 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