

2009 CHILDREN'S SCHOOL OF SUPERNATURAL WORSHIP "Wiggles & Worship" Application

MUST BE FILLED OUT BY AN ADULT AND PRINT NEATLY

Child Name: _____
Last First Middle

Parent Name: _____
Last First Middle

(Only one parent may attend the class with their child)

Address: _____
Street Name City/State Zip Code

Telephone: _____ Day _____ Evening _____ cell

E-mail: _____

Date of Birth: ____/____/____ Age: 2 3 Gender M / F ____
(Please circle the age of your child)

Choose T-Shirt Size: CHILD 2T 3T 4T
T-shirts are made of high quality fabric and are generous in size with little shrinking (**Circle one size**)

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 SPIRITUAL HISTORY

Do you attend church regularly? _____ Yes _____ No

How long have you been attending regularly there? _____

Home Church/Denomination _____

Pastor's Name: _____ Phone: _____

HEALTH HISTORY

Insurance Provider: _____ ID/Group#: _____

Physicians Name: _____ Phone # _____

Does your child have allergies? Y N If yes, what? _____

Is your child currently under a doctors care or taking any prescription drugs? N Y If yes, please describe:

Does your child have any physical/mental disabilities that would prevent them from participating in activities? Y N

If yes, please describe: _____

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, 2009.

I consent and agree that Bethel Church, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child(ren) during the Children’s Supernatural School of Worship from July 13, 2009 to July 17, 2009. I give permission for Bethel Church to use these in any and all media, now or hereafter known. I further consent that my child(ren)’s name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Bethel Church, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies.

I understand that there will be no financial or other remuneration for recording my child(ren), either for initial or subsequent transmission or playback. I also understand that any media images taken of my children will be done with respect and honor and that the images will be used in a way that will bring glory to our Lord and advance the Kingdom of God.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Applications must be received no later than June 1, 2009. A deposit of \$75.00 is due with the application. The balance of all tuition fees must be paid in full no later than June 15, 2009. There will be no tuition refunds after July 1, 2009.

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

Please make checks payable to Bethel Church

Register Early - Space is limited