



Stir Up the Gift Registration Form

Calvary United Methodist Church

Kindergarten through 5th Grade

2009-2010 11:00am Service

Child's Name _____ Nickname _____

Child's Date of Birth _____ Grade in School (or age) for '09-'10 _____

Parent(s) or Guardian(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

(We will use your email address to keep you updated on Stir Up the Gift. You will always have the opportunity to opt out of receiving emails.)

Please indicate below if your child has special needs that we should be aware of.

Use the back of this paper to include any additional information that would be helpful in teaching your child.

Allergies? _____ Physical Limitations? _____

ADD or ADHD? _____ Behavioral concerns? _____

In school, does your child have an IEP? _____ 504 Plan? _____

Where will you usually be during *Stir Up the Gift* time? _____

Who has permission to pick up your child? _____

_____ Please initial if you **do not** give permission for your child to be photographed and/or videotaped. Images may appear on church related items. Child's name will not be mentioned.

I am available to help...

as a parent helper in the classroom

Signature of Parent or Guardian _____ Date: _____

Print Parent's or Guardian's Name _____