

Dear Parents,

First and foremost we here at Mt. Olivet would like to thank you for the privilege to share the word of God with your children. Not only have we seen the ministry grow, but we have also seen the children grow in their understanding of their relationship and responsibility to God. Here at Mount Olivet we only see your child a couple of hours a week. It is you, the parent, who encourages them to study the week's scripture and attend on a regular basis. Just those two acts alone show your child that learning and understanding God's word is a priority.

IWANNA FAITH will begin again September 2nd, 2009. In 2009 IWANNA will be restructured to meet the learning styles of all the children. The fall/winter theme will be EXPLORERS. Children will learn how they can be a disciple and make an impact all at the same time. Children will see an impact as they serve GOD by serving their family, church, friends, community, and even the world.

We encourage early registration. We strive to ensure the safest learning environment for your child. In doing so we maintain a 1:10 student: adult ratio. This also means the limit of how many kids can attend depends on the amount of volunteers. If you would like to volunteer please contact me at your earliest convenience. Any talent you have can be utilized in the ministry. Working Parent? You can help out by prepping crafts or other projects the week before.

The children's ministry has grown by leaps and bounds this past year. With that growth our need for supplies and food has increased at a time when we all are affected by economic hardship. Please keep the Children's Ministry in your prayers and as one of your financial concerns.

Once again thank you.

Blessed to Serve Him,

Jan Fletcher Culpepper
Children's Director
252-473-2089 ext.25

Child/Children's Information

Name: _____
Grade: _____
Birthday: _____
Allergies: _____

Name: _____
Grade: _____
Birthday: _____
Allergies: _____

Name: _____
Grade: _____
Birthday: _____
Allergies: _____

Name: _____
Grade: _____
Birthday: _____
Allergies: _____

Parent's Information

Name: _____

Mailing Address _____

Street Address: _____

Town _____ **Zip** _____

Home Phone _____ **Cell** _____

Work phone _____

Email- _____

Those allowed to pick up my child and phone

I am available to help: (circle your choice)

- IWANNA leader or assistant
- Chaperoning special events
- Serve Snacks
- Prep crafts at home
- Media and sound
- Make snacks at home
- Other _____

Emergency Contact and Medical Information for a Child

				M	F
Child's Name		Date of Birth		Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

PERMISSION TO PERMISSION TO RIDE CHURCH OWNED ACTIVITY VAN

To Whom it may concern,

My child, _____ has my permission to ride in a Mt. Olivet United Methodist Church Van of to a local IWANNA FAITH activity in a 15 mile radius. I understand that the driver is under the church auto insurance policy and are responsible drivers. I will not hold Mt. Olivet UMC legally responsible for any incidents that may occur.

Parent/Guardian signature _____

Date: _____

Permission to Pick Up Student From School

& Permission to Ride in the Church Owned Activity Van

To whom it may concern,

My child, _____, is attending IWANNA FAITH at Mt.Olivet UMC after school. I give Traci Nissley, Jan Culpepper, and Jennifer Phillips permission to pick up my child/ren only on Wednesdays after school from February 4th - May 13th. My Child will meet the other children where Mt.Olivet afterschool children meet daily.

Parent's signature _____

Date: _____

(Mount Olivet Copy)

PERMISSION TO PERMISSION TO RIDE CHURCH OWNED ACTIVITY VAN

To Whom it may concern,

My child, _____ has my permission to ride in a Mt. Olivet United Methodist Church Van of to a local IWANNA FAITH activity in a 15 mile radius. I understand that the driver is under the church auto insurance policy and are responsible drivers. I will not hold Mt. Olivet UMC legally responsible for any incidents that may occur.

Parent/Guardian signature _____

Date: _____

Permission to Pick Up Student From School

& Permission to Ride in the Church Owned Activity Van

To whom it may concern,

My child, _____, is attending IWANNA FAITH at Mt.Olivet UMC after school. I give Traci Nissley, Jan Culpepper, and Jennifer Phillips permission to pick up my child/ren only on Wednesdays after school from February 4th - May 13th. My Child will meet the other children where Mt.Olivet afterschool children meet daily.

Parent's signature _____

Date: _____

(Please give a copy to your child's teacher)