

Olivet Community Church
Children's Ministry Programs
(2017 – 2018)



Welcome to Olivet Community Church Children's Ministry programs for kids entering Preschool through Fifth grade! Please fill out this form in its entirety, as well as the Parent permission form, waiver & release. If you have any questions please feel free to contact us anytime.

Thank you for allowing us to be a part of your child's spiritual journey. We will continue to love and pray for them, as well as pray for God's guidance throughout.

Many Blessings,

Kristen Watson
Director of Family Ministries
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facebook.com/olivetkids

Children's Ministry Programs (2017– 2018)

Name: _____ Birthday: _____

Current Grade: _____ School: _____

Church Home: _____ Allergies/Concerns: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent's Names: _____

Olivet Children's Ministry
Parent Permission Form
Waiver and Release

I hereby, consent to _____ participating in
(Child's name)

Olivet Community Church Children's Ministry 2017- 2018 programs at 5600 Oak Hill Road, Evansville, Indiana. In addition, all field trips throughout the calendar year to locations in the Evansville area. In understand that notice of location, time and date will be sent home one month prior to the event. In understand that my child will also participate in activities on the property of Olivet Evangelical Presbyterian Church where community agencies will be invited to share information and resources. (Ex: Volunteer Fire Department, City Police Department) Further, I, on behalf of my child, agree to release Olivet, their officers, employees and any parties volunteering on behalf of Children's Ministry from all actions, claims, costs, expenses or damages of any kind occurring out of or related to any activity offered by Olivet in which my child participates.

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory staff in charge of the field trip or event. Should it be necessary for my child to have medical treatment while participating in an activity or field trip, I hereby give the school/church personnel permission to use their judgment in obtaining medical service for my child and I, give permission to the physician selected by the church to render emergency medical treatment deemed necessary and appropriate by the physician.

I, hereby, authorize the making of photographs, CD's, slide shows, videotapes of my child while participating in Olivet Children's Ministry events and activities. I agree and understand that my child may be included in a CD or DVD produced by Olivet for program use. I also understand that my child's photo may be used in printed promotional or informational material for the program or Olivet. The photos may also be used in electronic form on the Olivet Facebook page & website. I also understand that my child will not be identified by name in the above media.

Please Note: With the exception of the last paragraph, the permission slip must be signed in order for child to participate in the Olivet Children's Ministry programs.

(Signature of Parent or Guardian)

(Date)

(Address)

(Home Phone #)