

# C.L.I.C.K.

Children Learning in Christ's Kingdom



**Wednesday nights  
6:00pm to 7:30pm  
For children age 3  
to 6th grade  
Begins 9/20/17  
Children can join at any  
time during the year**

Join us during the school year for this Children's Ministry program full of Bible stories, fellowship & fun that encourages children to lead Christ-centered lives.

Optional dinners at 5:30 for the entire family.

**Cost: \$20 per child**

**Contact Cheri Miller for more info:  
[cheri@hopewellumc.org](mailto:cheri@hopewellumc.org)**

## **C.L.I.C.K. Calendar 2017/2018**

**Start Date: September 20<sup>th</sup>**

**No Meeting: October 25<sup>th</sup>**

**Thanksgiving Dinner: November 15<sup>th</sup>**

**No Meeting: November 22<sup>nd</sup>**

**No Meetings: December 20<sup>th</sup> & 27<sup>th</sup>**

**No Meeting: February 14<sup>th</sup>**

**No Meeting: March 28<sup>th</sup>**

**Last Meeting: April 11<sup>th</sup>**

# C.L.I.C.K Registration Form

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
(will be used for C.L.I.C.K. communications only)

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**Please enter your child(ren)'s individual information on the back of this form.**  
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Are you available to help out with C.L.I.C.K.? Yes No Maybe

Name of person available: \_\_\_\_\_ Telephone/Email: \_\_\_\_\_  
(Childcare is available for volunteer's younger children.)  
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Person responsible for picking up your child(ren):(if other than parents)  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

In case of emergency (when the parents cannot be reached) please contact:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship to child(ren): \_\_\_\_\_  
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Please complete the medical authorization below.

I, \_\_\_\_\_ (parent's name), give permission to the C.L.I.C.K leaders to administer the following medications to the children listed below in the event of illness or injury.

Enter Child's Name	Tylenol		Ibuprofen		Benadryl	
_____	Yes	No	Yes	No	Yes	No
_____	Yes	No	Yes	No	Yes	No
_____	Yes	No	Yes	No	Yes	No

Parent's Signature: \_\_\_\_\_

**Payment is required at the time of registration.  
Checks should be made payable to Hopewell UMC.**

This completed registration form and the \$20.00 per child registration fee can be placed in Cheri Miller's mailbox outside of the church offices.  
No child should miss this opportunity for financial reasons, contact Cheri in the church office for scholarship info.

**Child # 1** Name \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

Grade: P K 1 2 3 4 5 6  
(circle one) P= Preschool (children must be age 3 by 9/1/2016)

Please list any allergies (including food), medical or behavioral conditions we should be aware of: (if child has ANY food allergies you are asked to provide a weekly snack for them)

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**Child # 2** Name \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

Grade: P K 1 2 3 4 5 6  
(circle one) P= Preschool (children must be age 3 by 9/1/2016)

Please list any allergies (including food), medical or behavioral conditions we should be aware of: (if child has ANY food allergies you are asked to provide a weekly snack for them)

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**Child # 3** Name \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

Grade: P K 1 2 3 4 5 6  
(circle one) P= Preschool (children must be age 3 by 9/1/2016)

Please list any allergies (including food), medical or behavioral conditions we should be aware of: (if child has ANY food allergies you are asked to provide a weekly snack for them)

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