

Welcome to Academy Christian Church Children's Ministry
1st time Guest Family Card

Date: _____ Service Time (circle): 8:00 9:30 11:00

Head of Household: _____

Spouse: _____

E-mail: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone(s): _____

1. Name: _____ Gender M \ F

Birthday: _____ Grade: _____

Allergies: _____

Special Needs: _____

2. Name: _____ Gender M \ F

Birthday: _____ Grade: _____

Allergies: _____

Special Needs: _____

Can we text you during the service if we need to? Yes _____ No _____

Please include me on the Children's Ministries Monday Message Newsletter _____

Add additional children below and see special needs information

3. Name: _____ Gender M \ F

Birthday: _____ Grade: _____

Allergies: _____

Special Needs: _____

5. Name: _____ Gender M \ F

Birthday: _____ Grade: _____

Allergies: _____

Special Needs: _____

4. Name: _____ Gender M \ F

Birthday: _____ Grade: _____

Allergies: _____

Special Needs: _____

6. Name: _____ Gender M \ F

Birthday: _____ Grade: _____

Allergies: _____

Special Needs: _____

Special Needs Child: Please place an X on the line that matches your child's needs.

_____ **#1** Benefits from **One-on-One** support (Has an aide at school).

_____ **#2** Able to be led in a group **Two** (children) to one (adult).

_____ **#3** Able to be **Peer Led**

ACC offers support to special needs children during the 11:00 a.m. Worship Service time. Please speak with Julie if you plan to attend two services.