

People other than parent/guardian  
approved to pick up children

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

If you have any questions  
regarding First Assembly's  
Children's Ministries Check-In  
System, please contact the  
church office at 412-264-8665  
or see Pastor Randy Horst.

Keeping Kids Safe!

## Children's Ministries



## Children's Ministries Check-In System

### Where do I check my child in?

**Nursery — age 3:** Parents will check-in their children at the computer in the foyer and take children to the nursery counter to drop of children and pick up pager.

**Ages 4 —10:** Parents will check-in their children at the computer in the foyer. Parents will receive an identification badge for use when picking up their children. Students can precede to the downstairs welcome center where they can earn character bucks and give their prayer requests.

Please let us know if others will be picking up your child(ren). Proper identification will be required.

### For first time guests:

Fill out the First-time Guest Information Form and give to the check-in attendant.

You will be given a temporary name tag for your child and a receipt for you to use when you are picking up your child. The check-in attendant will direct you and your child to their appropriate classroom.

### When can I check my child into their class- room?

Computer will be available and all class-rooms will be open 15 minutes prior to the service.

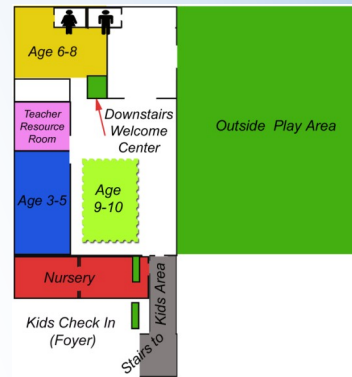
Check-In begins at 9:45 a.m.

### How and where do I pick my child after service?

**Nursery—age 3:** Parents will report in at the check-in attendant than proceed to the nursery to pick up their children.

**Ages 4-10:** Parents will go to the check-in attendant in the foyer and present their identification badge/label. Your children will be sent upstairs to you.

**Pick-Up begins immediately after service.**



## First-time Guest Information Form

Date \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

### Children:

Name \_\_\_\_\_ Age \_\_\_\_\_

Class/Grade \_\_\_\_\_

Birthday (month/day/year) \_\_\_\_\_

Any allergies /health concerns:  
\_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Class/Grade \_\_\_\_\_

Birthday (month/day/year) \_\_\_\_\_

Any allergies /health concerns:  
\_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Class/Grade \_\_\_\_\_

Birthday (month/day/year) \_\_\_\_\_

Any allergies /health concerns:  
\_\_\_\_\_

