



**GROSSE POINTE MEMORIAL CHURCH
CHRISTIAN EDUCATION 2010-2011 REGISTRATION FORM**

Crib/Toddler Care

Young Children & Worship (YCW)
(3 yrs. – grade 2) Sunday at 9:00 a.m.

Sunday School
(3 yrs. – 103 yrs.)

Parent/Guardian Name

Parent/Guardian Name

Street Address

City

Zip

Home Phone

Phone: Dad's Cell Mom's Cell other

E-mail Address (correspondence will be sent here)

Phone: Dad's Cell Mom's Cell other

Name	Grade	Age	Birthday	Please mark (X) all appropriate boxes		
				Crib / Toddler Care	YCW	Sunday School

Allergies or medical conditions must be indicated on the Power of Attorney form.

There are many opportunities to help with Christian Education.

If you are interested in one that is listed below, please indicate where you would like to help serve.

___ **Sunday School**
(Sunday, 10:10 a.m. – 11:00 a.m.)

___ **Crib & Toddler Care**
(One service/One Sunday a month)

___ **Young Children & Worship**
(Sunday, 9:00 a.m. – 10:00 a.m.)

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent
September 19, 2010 – February 19, 2011

Name of Dependent _____ Birth date _____

Allergies/Illnesses _____

Medications being taken _____

I hereby grant to the following individuals:

Matthew Wrzeszcz, or Lisa Turner, or any designated Advisors of the Grosse Pointe Memorial Church (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330 the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 19, 2010 to February 19, 2011. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian Relationship to child Date

Street Address City, State, Zip

Telephone: Home _____ Work _____

Mom's Cell _____ Dad's Cell _____

Health Insurance Company _____ Insurance Card Numbers _____

Emergency Contact Name _____ Relationship _____

Home _____ Work _____ Cell _____

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent
January 1, 2011 – July 1, 2011

Name of Dependent _____ Birth date _____

Allergies/Illnesses _____

Medications being taken _____

I hereby grant to the following individuals:

Matthew Wrzeszcz, or Lisa Turner, or any designated Advisors of the Grosse Pointe Memorial Church (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330 the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective January 1, 2011 to July 1, 2011. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian Relationship to child Date

Street Address City, State, Zip

Telephone: Home _____ Work _____

Mom's Cell _____ Dad's Cell _____

Health Insurance Company _____ Insurance Card Numbers _____

Emergency Contact Name _____ Relationship _____

Home _____ Work _____ Cell _____