

# CrossWalk Kids Ministry

Wednesday night programming for ages Kindergarten - 5th Grade

2019-2020



## CrossWalk Kids Club

is a great place to connect with God and with friends. Each Wednesday evening there is a theme, a Bible story, engaging workshops, and possibly free time depending on the evening and schedule.

*Large and small group* activities such Bible games, drama, science experiments, video, cooking, and art projects are designed to fit different learning styles and teach kids the true heart of God. Small groups are organized by grade and rotate each Wednesday night.



## CrossWalk Kids Choir

All children in grades K-5 are warmly invited to sing with Zion's CrossWalk Kids Choir. The choir rehearses every Wednesday evening from 5:30-6:10 pm, and sings during worship generally once/month. Special services include the

Christmas Choral Worship and Christmas Eve services, Lenten, Good Friday, Easter, and a special Spring Musical, "Sermon in Song." Additional rehearsals will be scheduled in preparation for the special services in December, Holy Week, and leading up to the spring musical.



Come join this wonderful bunch of young singers as we learn about God's love, develop our music skills, and have lots of FUN with Zion friends!



### Primary Contacts

CW Kids Club  
Jenny Gustafson, Director [JGustafson@zionanoka.org](mailto:JGustafson@zionanoka.org)

CW Kids Choir  
Roselyn Weber, Music Director [rhansonweber@zionanoka.org](mailto:rhansonweber@zionanoka.org)

Zion Lutheran Church  
1601 4th Avenue  
Anoka, MN 55303  
[zionanoka.org](http://zionanoka.org)  
763-421-4656

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## CrossWalk Kids Ministry Schedule

- 5:00 PM - 6:00 PM Open Dinner for all Wednesday night participants
- 5:30 PM - 6:10 PM CrossWalk Kids Choir meets in the theater
- 6:15 PM - 7:15 PM \* CrossWalk Kids Club Learning time in Large & Small Groups
- 7:15 PM - 7:30 PM CrossWalk Kids Club Gather for Closing or Free time (when available)

\*Families who would like get their children home earlier are welcome to check out at 7:15 pm.

Dinner - change from previous year. A dinner will be available to all participating CrossWalk families. This change encourages families to share a meal together and offer fellowship time with other families. \$5 at the door, \$3 kids ages 3-5, under 3 is free. ***In keeping with our Child Safety Policies, any child (K-5th grade) eating dinner at Zion MUST BE ACCOMPANIED BY AN ADULT. NO EXCEPTIONS!***

**CrossWalk Kids Choir & Youth Choir** begins September 11

**CrossWalk Kids Club** Orientation Night is September 25 at 6:15 pm with dinner from 5:00-6:00pm.

**CrossWalk Programming Year** begins October 2

Online Registration and Children's Ministry News can be found on our Blog site at <https://zionchildrensministry.blogspot.com/> or scan your phone to our QR Code to access our blog. Also, online registration can be accessed through our website at [www.zionanoka.org](http://www.zionanoka.org)

**Text Reminders** from "Remind"

CrossWalk Kids Club To: 81010 Message: @cwkidsclub  
CrossWalk Kids Choir To: 81010 Message: @cwkidchoir



## All CrossWalk Programs

Information about these programs can be found at the main office and at the Children, Youth, and Family Ministry office.

**Childcare** is offered in the nursery for younger children (Birth-Pre-K) on evenings when their parents are volunteering or attending adult education. Childcare is open from 5:30-7:30 pm. Parents must remain in the building the entire time their child is in the nursery. A separate registration is required.

Little Steps	Birth-5
Kids Club	Grades K-5
Kids Choir	Grades K-5
Confirmation	Grades 6-8
High School	Grades 9-12
Youth Choir	Grades 6-12



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Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Baptized: Yes or No First Communion: Yes or No

Parent(s) name(s): \_\_\_\_\_

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

Contact Numbers \_\_\_\_\_ / \_\_\_\_\_ Group Text okay? \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

CrossWalk Kids Choir \_\_\_\_\_ (X) YES, my child would like to join *CrossWalk Kids Choir* from 5:30pm - 6:10 pm. (If yes, it's not necessary fill out the Kids Choir registration form below.

**Volunteers Needed! See chart below.** Planning is easy with our Spark Curriculum. Most supplies will be provided. *Workshop Leaders* commit to 2 or 3 weeks per unit. *Shepherds* will be assigned to a small group and are needed every night.

\*Art and Games Workshops will be run by Colleen & Glen.

	Drama (2wks per unit)	Bible Science (3wks per unit)	Cooking (3wks per unit)	Digital Media & Tech (3wks per unit)
Workshop Leaders				
Shepherds (small group helper)				

**\*if your child is not registering for the Kids Club Programming please complete this registration.**



Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Baptized: Yes or No First Communion: Yes or No

Parent(s) name(s): \_\_\_\_\_

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

Contact Numbers \_\_\_\_\_ & \_\_\_\_\_ Group Text Okay? \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Choice (s)	Payment Options	Cost	Office Staff
X	CrossWalk Kids Club Programming Year	\$10	
	CrossWalk Dinner: 30 Meal Family Punch Card (4 punch household max)	\$120	
	<i>Total Due:</i>		Check # _____ Cash _____

# Zion Lutheran Church Health Form

Zion Lutheran Church 1601 4th Ave. Anoka, MN 55303 763.421.4656 [www.zionanoka.org](http://www.zionanoka.org)

**Name of Child** \_\_\_\_\_, \_\_\_\_\_ **Gender** \_\_\_\_ **Age** \_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade** \_\_\_\_  
(last) (first)

**Mother** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Father** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Legal Guardian/s** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Additional Contact** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Allergies** (Drugs, seasonal, other) \_\_\_\_\_

**Special Dietary Needs/Food Allergies** (Specify) \_\_\_\_\_

Do you prefer to provide separate food for your child? Yes No *(circle)* Comments: \_\_\_\_\_

**Medical Conditions and/or Special Needs/Accommodations** (Describe) \_\_\_\_\_

\_\_\_\_\_ (add pages if needed.)

**Operations or Serious Injuries** (Please list and include dates) \_\_\_\_\_

**Activity restrictions** \_\_\_\_\_

**My child's immunizations are current:** Yes No **If "No," please specify** \_\_\_\_\_

**Current Medications** (Name, dose and schedule) \_\_\_\_\_

**NOTE: Zion staff members may administer prescription medications during church activities, with the proper documentation. If your child will need prescription medications during a church activity, please complete the information below.**

A Zion staff member has my permission to administer the prescription medication(s) listed below to my child:

Parent/Guardian Signature \_\_\_\_\_ Phone Numbers \_\_\_\_\_ Date \_\_\_\_\_

Name of Medication:	Adverse Reactions:
Dosage:	Instructions regarding adverse reactions:
How Administered:	
Time to be Administered: _____ a.m. and/or _____ pm	Date: From _____ Through _____, 20 _____

Prescription medications should be in their original containers with their labels stating: *Child's name, Name of prescribing physician, Prescription number, Date prescribed, Name of Medication, Directions for use. Medications will be kept in a locked area, unless the medication is an emergency medication such as an epi-pen or inhaler that needs to remain with the child.*

**Child's Physician** \_\_\_\_\_ **Physician's Phone#** \_\_\_\_\_ **Preferred Hospital** \_\_\_\_\_

**Clinic Name and Address** \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_ **Group/Policy#** \_\_\_\_\_

*My child has permission to take part in all church activities, under supervision. I understand that all reasonable safety precautions will be taken by the leaders of each activity, and that the possibility of unforeseen hazard does exist. Zion Lutheran Church and its personnel will not be held responsible for accidents or personal injury arising there from. I understand the congregation does not provide medical insurance. In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child, until such time as I can be contacted. This permission includes the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.*

I consent to the use of photography and/or video of my child for congregational publicity: If you wish to be excluded from this, please email Pastor Mike at [mruechert@zionanoka.org](mailto:mruechert@zionanoka.org)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** Health forms will be kept on file for one year. To update information on this form, ask questions, make arrangements, or provide further information regarding any of the above information, please feel free to contact a member of our Children, Youth and Family Staff at 763-421-4656.