



# Family Profile

Please complete this form and return it as soon as possible, along with a Participant Profile for each child who will participate in Children's Church. Sensitive information is kept confidential, in accordance with Children's Church policy. If you have questions, please contact:

Mary Armstrong-Smith, Children's Minister

Email: [childrenschurch@thechurchwithin.org](mailto:childrenschurch@thechurchwithin.org)

Phone: (home) 317-876-7222

**1. FAMILY CONTACT INFORMATION:** Accurate information allows us to keep you up to date on Children's Church developments.

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best days & times to contact me are: \_\_\_\_\_

Please do not call before \_\_\_\_\_ a.m./p.m. or after \_\_\_\_\_ a.m./p.m.

**2. CHURCH INVOLVEMENT:** It's helpful to know about your family's experience (at The Church Within and elsewhere) so we can get to know you and your family better.

How long have you attended The Church Within? \_\_\_\_\_

Do you participate in any volunteer activities of The Church Within? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Ushering             | <input type="checkbox"/> Board or Board committees    |
| <input type="checkbox"/> Children's Church    | <input type="checkbox"/> First Sunday brunch          |
| <input type="checkbox"/> Music                | <input type="checkbox"/> ACIM class                   |
| <input type="checkbox"/> Building maintenance | <input type="checkbox"/> Office assisting             |
|   | <input type="checkbox"/> Other (please specify) _____ |

What spiritual principles are most important to you in your role as parent?

Would you be interested in assisting with Children's Church? If yes, please check any that apply:

- Teaching
- Contributing art supplies
- Helping with craft projects
- Share a special talent (please tell a little about it: \_\_\_\_\_)

Would you be interested in attending events where parents meet to share ways to nurture their children's spirituality and support one another in being parents?  Yes  No

Are there other ways The Church Within could be supportive to you as a parent? If so, please tell a little about your ideas:

Are there any particular religious or spiritual traditions that are familiar and/or meaningful for your child? If yes, please tell a little about them:

What other church(es) have you and/or your family been active in? (Please include name of church and city where located)

Total number of children from your family who will participate in Children's Church: \_\_\_\_\_

Names of children: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Date completed

**Please also complete a Profile Form for each child in your family who attends Children's Church. Thank you!**

