



King's Castle USA Church Application

Estimated Membership For the Year of 2020

KCUSA Nat'l Dir: Rev. Bob Aston Asst Nat'l Dir: Rev. JoAnn Riley Certified Trainer: _____

Church Name & Address: _____

Name of District & Superintendent: _____

1) Name of Lead Pastor: _____ Phone: (____) _____

2) Name of KCUSA Church Director: _____ Phone: (____) _____

3) Estimate how many members will serve as KCUSA Church Teachers, Classroom Helpers & Students:

Est. Adult Members for Nursery: # _____ Est. Child Members in Nursery (0-2 yrs): # _____

Est. Adult Members for Mini-Castle: # _____ Est. Child Members in Mini-Castle (3-4 yrs): # _____

Est. Adult Members for Castle of Joy: # _____ Est. Child Members in Castle of Joy (5-8 yrs): # _____

Est. Adult Members for Castle Club: # _____ Est. Child Members in Castle Club (9-12 yrs): # _____

Total Est. Members/Children's Workers: # _____ Total Est. Members Children (K-6th Grade): # _____

Total Est. Outreach Team Leaders: # _____ Total Est. Outreach Team (Youth & Adult): # _____

4) How many **Castle Club Student** Manuals (9-12 yrs) will be needed in: English # _____ Spanish # _____

5) How many of all age-level **Teacher** Manuals will be needed for:

Nursery: English # N/A Spanish # _____ Castle Club (9-12 yrs): English# _____ Spanish# _____

Mini-Castle: English # N/A Spanish # _____ Youth (1st Level): English# _____ Spanish# _____

Castle of Joy: English # _____ Spanish # _____ Youth (2nd Level): English# _____ Spanish# _____

6) List names of **Department Leaders** to oversee teachers at each age level:

Nursery & Mini-Castle (0-4 yrs): _____ Phone: (____) _____

Castle of Joy (5-8 yrs): _____ Phone: (____) _____

Castle Club (9-12 yrs): _____ Phone: (____) _____

Outreach Team (Youth): _____ Phone: (____) _____

7) KCUSA is in the process of revising our student & teacher manuals; meanwhile, you'll receive our most current curriculum for your church. Do you agree to protect and secure that no manuals or portions of manuals are copied or distributed to any other church or individual? _____ *(Initials indicate agreement)*

8) Please initial each item below indicating your church agrees to abide by the following as official members of **KCUSA** and the **AICRAD** (Association of Int'l Members of King's Castle Assemblies of God):

_____ 1. Submit Quarterly Membership Statistics to KCUSA by April 15, July 15, October 15, & January 15.

_____ 2. Submit Quarterly Membership Fee of \$1/month per member to KCUSA for ages 5 years to adults.

_____ 3. Encourage attendance of team leaders at World Summits and Invasions on alternate years.

_____ 4. Encourage team members to attend District, Regional or National Training Events and Invasions.

_____ 5. Submit outreach materials to KCUSA to be shared with other teams (videos of drama, dance, etc.)

_____ 6. Schedule training workshops as needed to equip current members and recruit new members.

_____ 7. Mail voluntary offering to KCUSA in support of nat'l expenses (promo, recruitment, events, etc.)

_____ 8. Agree to submit Quarterly Membership Statistics and Membership Fees to KCUSA as an active King's Castle Church with KCUSA and AICRAD beginning on: _____, _____ *(month & year)*.

_____ 9. List Castle Team Leaders on attached form with confirmation they cleared background checks.

Signature of Lead Pastor: _____ Print Name: _____

Form completed by: _____ Title: _____ Date: ____/____/____

Submit forms and future membership dues made to: KCUSA, PO Box 2225, Victorville, CA 92393-2225

Application for Membership

As of _____, 2020

Church Name & Address: _____

1. Print Names of Teachers and Helpers for **NURSERY**: # _____ (*No Monthly Membership Dues*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

2. Print Names of Teachers and Helpers for **MINI-CASTLE**: # _____ (*No Monthly Membership Dues*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

3. Print Names of Teachers and Helpers for **CASTLE OF JOY**: # _____ (*\$1/Monthly Membership Dues*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

4. Teachers and Helpers for **CASTLE CLUB**: # _____ (*\$1/Monthly Membership Dues*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

[X] Signatures below are confirming that all Castle Team Leaders have passed Background Checks.

Castle Church Director: _____ Lead Pastor: _____

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