

**Mentor United Methodist Church Children & Family Ministries**

**Registration for ALL Programs 2019-20**

Please Print and Complete In Full

Parent 1 Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_ TEXT Y N

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_ TEXT Y N

Email Address \_\_\_\_\_

Address \_\_\_\_\_

1<sup>st</sup> Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Circle Current Grade: Preschool K 1st 2nd 3rd 4th 5th 6th

Any allergies, dietary restrictions, or other concerns you would like to share: yes\_\_\_ no\_\_\_

If yes, please explain: \_\_\_\_\_

Do you agree to allow photos/videos of your child to be used in church presentations and/or church promotional materials? yes\_\_\_ no\_\_\_

Do you agree to allow photos/videos of your child to be used online? yes\_\_\_ no\_\_\_

My child has permission to have nut-free snacks: yes\_\_\_ no\_\_\_

2<sup>nd</sup> Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Circle Current Grade: Preschool K 1st 2nd 3rd 4th 5th 6th

Any allergies, dietary restrictions, or other concerns you would like to share: yes\_\_\_ no\_\_\_

If yes, please explain: \_\_\_\_\_

Do you agree to allow photos/videos of your child to be used in church presentations and/or church promotional materials? yes\_\_\_ no\_\_\_

Do you agree to allow photos/videos of your child to be used online? yes\_\_\_ no\_\_\_

My child has permission to have nut-free snacks: yes\_\_\_ no\_\_\_

3<sup>rd</sup> Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Circle Current Grade: Preschool K 1st 2nd 3rd 4th 5th 6th

Any allergies, dietary restrictions, or other concerns you would like to share: yes\_\_\_ no\_\_\_

If yes, please explain: \_\_\_\_\_

Do you agree to allow photos/videos of your child to be used in church presentations and/or church promotional materials? yes\_\_\_ no\_\_\_

Do you agree to allow photos/videos of your child to be used online? yes\_\_\_ no\_\_\_

My child has permission to have nut-free snacks: yes\_\_\_ no\_\_\_

4<sup>th</sup> Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Circle Current Grade: Preschool K 1st 2nd 3rd 4th 5th 6th

Any allergies, dietary restrictions, or other concerns you would like to share: yes\_\_\_ no\_\_\_

If yes, please explain: \_\_\_\_\_

Do you agree to allow photos/videos of your child to be used in church presentations and/or church promotional materials? yes\_\_\_\_ no\_\_\_\_

Do you agree to allow photos/videos of your child to be used online? yes\_\_\_\_ no\_\_\_\_

My child has permission to have nut-free snacks: yes\_\_\_\_ no\_\_\_\_

5<sup>th</sup> Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Circle Current Grade: Preschool K 1st 2nd 3rd 4th 5th 6th

Any allergies, dietary restrictions, or other concerns you would like to share: yes\_\_\_\_ no\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you agree to allow photos/videos of your child to be used in church presentations and/or church promotional materials? yes\_\_\_\_ no\_\_\_\_

Do you agree to allow photos/videos of your child to be used online? yes\_\_\_\_ no\_\_\_\_

My child has permission to have nut-free snacks: yes\_\_\_\_ no\_\_\_\_

On Sunday mornings Babies through 4 Year Olds will be released to a tag holder. Children in Grades K-6 need to be picked up by a parent or other adult. Please list individuals who have permission to retrieve your child(ren): \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency Contacts

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

List things your child enjoys \_\_\_\_\_

List things that calm or comfort your child \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Emergency Waiver**~ In the event that reasonable efforts to contact me have been unsuccessful, I hereby give my consent for emergency medical treatment by a certified first aid giver. In the event that additional treatment is needed, the staff of the Emergency Department of the hospital listed above or the closest one to the event location, has my permission to treat my child.

Parent Name Printed \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospitalization Plan and Group # \_\_\_\_\_

Please check the areas in which you'd be able to assist in our Children's Ministry:

- Leading Sunday school
- Assisting in Sunday school
- Substitute for Sunday school
- Leading Discoverers
- Assisting with Discoverers
- Substitute for Discoverers
- Telephoning
- Special Events
- Prayer support
- Being on the Children's Ministry leadership team
- Donating supplies and snacks

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_