

Mentor United Methodist Church Children & Family Ministries

Registration for ALL Programs 20__ to 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 _____

1st 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___

2nd 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___

3rd 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___

4th 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____

5th 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Leading Sunday school | <input type="checkbox"/> Assisting in Sunday school | <input type="checkbox"/> Substitute for Sunday school |
| <input type="checkbox"/> Leading Discoverers | <input type="checkbox"/> Assisting with Discoverers | <input type="checkbox"/> Substitute for Discoverers |
| <input type="checkbox"/> Telephoning | <input type="checkbox"/> Special Events | <input type="checkbox"/> Prayer support |
| <input type="checkbox"/> Being on the Children's Ministry leadership team | <input type="checkbox"/> Donating supplies and snacks | |

Parent Signature _____

Date _____