

Children's Ministry Registration

Name of Child _____

Date of Birth _____ Age _____ Grade (Fall 2010) _____

Address _____

Phone Number _____ Parent Cell Phone _____

E-mail address of Parent

I would like to enroll my child in: (Check all that apply)

_____ Infant Nursery (age 0-walking)

_____ 1st Grade Sunday School

_____ Toddler Nursery (walking-age 2)

_____ 2nd Grade Sunday School

_____ Two Year Old Sunday School

_____ 3rd Grade Sunday School

_____ Three Year Old Sunday School

_____ 4th Grade Sunday School

_____ Four Year Old and Pre-K Sunday School

_____ 5th Grade Sunday School

_____ Kindergarten Sunday School

_____ Middle School Sunday School

_____ Midweek Preschool (**SONSHINE & RAINBOWS**) _____ High School Sunday School
_____ A.M. _____ P.M.

_____ Midweek **DAYBREAK**

_____ **CHERUB CHOIR**
(ages 3 - 1st grade)

_____ **UPWARD BASKETBALL**
(Basketball & Cheerleading)

_____ **ALL-STARS** - My child attends

_____ school

My child will ride in the church van to All-Stars _____ yes _____ no

Continued on back

Children's Ministry Release Form
September 1, 2010- August 31, 2011

First United Methodist Church

502 South Lincoln
Aberdeen, SD 57401
Phone 225-5680

Name _____ Nickname _____ Sex M F
Date of Birth _____ Age _____ Grade in August 2010 _____

School _____
Address _____ City _____

Father's Name _____ Home Phone _____ Cell Phone _____
Address _____
Workplace _____ Work Phone _____
Mother's Name _____ Home Phone _____ Cell Phone _____
Address _____
Workplace _____ Work Phone _____

Please list the name of the nearest relative/neighbor to be contacted in case of an emergency if you cannot be located:

Name _____ Relation _____ Phone _____

Allergies/Medical Conditions _____
Medications _____
Special Concerns _____
Doctor _____ Phone _____

Release and Hold Harmless Agreement for First United Methodist Church

By my signature, I _____, the parent or guardian of _____ grant my permission for him/her to participate fully in any Sunday School activities, midweek activities or trips sponsored by First United Methodist Church. I understand that my signature carries with it the following:

- An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
- The release of medical information necessary to provide treatment.
- I knowingly release, absolve, indemnify and hold harmless First United Methodist Church from all claims that might result from an injury or death of a minor. This agreement pertains to all programs and activities including those where transportation is provided.
- Should medical help be needed, I agree to pay, directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature _____ Date _____

I give my permission for the above named child to be in pictures taken related to Sunday School or midweek activities or trips sponsored by First United Methodist Church used for historical and promotional purposes, and that may be placed on the church's web site.

Signature _____ Date _____