



## 2018-2019 WUMC Children's Ministry Registration

*Please use back if more writing room is needed.*

Parent/Guardian name \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Cell \_\_\_\_\_

Address(es) \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ Whose? \_\_\_\_\_

Home Phone \_\_\_\_\_ (Circle best number) Best time to call? \_\_\_\_\_

**Child #1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M  F

Birth Date \_\_\_\_\_ Age as of 9/01/2018 \_\_\_\_\_ Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Learning, Health or Allergy Alerts:** \_\_\_\_\_

**Child #2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M  F

Birth Date \_\_\_\_\_ Age as of 9/01/2018 \_\_\_\_\_ Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Learning, Health or Allergy Alerts:** \_\_\_\_\_

**Child #3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M  F

Birth Date \_\_\_\_\_ Age as of 9/01/2018 \_\_\_\_\_ Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Learning, Health or Allergy Alerts:** \_\_\_\_\_

**\*Important Concerns or Other information** (such as life situations, personality or learning challenges) we should know about that will help us meet his/her needs? ALL information is considered CONFIDENTIAL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: For safety reasons, we must know how to contact you while your child is in our care.**

**Each week PARENTS need to complete the sign-in sheet at their child's class.**

Parents' usual location during the Sunday School hour:

***Continued on other side. →***

## Medical and Photo Release Statement

Child 1 name: \_\_\_\_\_

Child 2 name: \_\_\_\_\_

Child 3 name: \_\_\_\_\_

**Permission for Photos:** We may be photographing the children during Sunday School and other church activities for use in church publications, such as the church website, newsletter, social media and/or in a slide show during Sunday services. No names will be attached to photos. Please check a permission option below, if none is checked permission to use photos will be assumed.

Please check one: \_\_\_\_\_ I GIVE PERMISSION \_\_\_\_\_ I DO NOT GIVE PERMISSION to use my child(ren)'s photos in this way.

Signature of Parent/Guardian \_\_\_\_\_

*Children's Ministries programs are made possible by the loving volunteers who staff them.*

**Please check the area in which YOU will help this year:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Teaching ___ Grade | <input type="checkbox"/> Seasonal programs   | <input type="checkbox"/> Children's Ministry Council | <input type="checkbox"/> SS Data Entry |
| <input type="checkbox"/> Assisting Teachers | <input type="checkbox"/> Substitute teaching | <input type="checkbox"/> Set up for special events   | <input type="checkbox"/> F.I.S.H.      |
| <input type="checkbox"/> Acolyte assistance | <input type="checkbox"/> Worship Binder prep | <input type="checkbox"/> VBS Planning_____           | During VBS_____                        |

***Thanks for helping make it possible for children to grow in faith here at Westlake UMC!***

Megan Getman, Director of Children's Ministries [mgetman@westlake-umc.org](mailto:mgetman@westlake-umc.org)