

SUNDAY SCHOOL REGISTRATION 2016-2017



Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ Grade: _____

Mother/Guardian Name: _____ Cell Phone: _____

Email: _____

Father/Guardian Name: _____ Cell Phone: _____

Email: _____

Address: _____ City, State, Zip: _____

Home Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Please list below those persons who are authorized to pick up your child during activities at the church:

Please list any persons who are not allowed to have contact with your child:

Please list any areas and times you would like to volunteer with Sunday School this year:

PERMISSION TO PHOTOGRAPH

From time to time pictures are taken of various activities taking place during children's activities.

I give permission for my child to be photographed. Yes No

Parent/Guardian: _____

Date: _____

I give permission for pictures of my child to be used for publication purposes (i.e. Asbury's Website, Facebook, bulletin boards, printed material, etc.). No name will be attached. Yes No

Parent/Guardian: _____

Date: _____

Please fill out the information on the next page.

HEALTH INFORMATION

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Medical Insurance Company: _____ Policy #: _____

Preferred Hospital: _____

Please indicate which of the following conditions your child may have/had and the dates:

- | | |
|---|---|
| <input type="checkbox"/> Seizures _____ | <input type="checkbox"/> Bleeding Disorders _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart Condition _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Other _____ |

Allergies (food, medication, etc) - If so please explain: _____

Other-please explain: _____

Are there any routine medications or treatments your child requires? If so, please list:

Are there any activities from which your child should be restricted? If so, please list:

The information I have provided by my written word in regard to my child's information and health history is accurate to the best of my knowledge.

Parent/Guardian: _____

Date: _____

PARENTAL COVENANT STATEMENT

The congregation of Asbury UMC is committed to providing safe sanctuary for all children and workers who participate in ministries and activities sponsored by this church. The following statements reflect our congregation's absolute and unwavering commitment to the physical safety and spiritual growth of all our children.

1. No child 4th grade or younger shall be released without a parent or assigned escort.
2. Children will not be allowed to play unsupervised in the church.

As a parent of children in children's ministry programs and activities, please answer the following questions.

1. As a parent, will you escort your children to and from all programs and activities?
 Yes I would like to request help in escorting my children to and from activities.

Please give specific details of when and where an escort is needed for your child/children:

2. As a parent, will you supervise your children while on the church property and not allow your children to play unattended? Yes No

I have read this parental covenant and I agree to observe and abide by the policies set forth above.

Parent/Guardian: _____

Date: _____

Questions: Please contact Michelle Baird, Director of Children's Ministries at michelle@sfasbury.org or 332-8861.

Submit Form

Click button to email completed form to Michelle. Thank you!