



## 2009-2010 Children's Ministries Registration

First United Methodist Church, Colorado Springs

Please fill out and return to the Kingdom City Welcome Desk  
or mail it to the church Attn: Children's Ministries

### Children's Ministries Policy:

**Children at First United Methodist Church must be accompanied by an adult at all times, unless they have been signed into Children's Ministries programming. First United Methodist Church is not responsible for unattended children.**

#### Family Information:

Parent/Guardian Name	Home Address (Street, City, ZIP)	Member or Visitor?

#### Emergency Contact Information:

Parent/Guardian Home Phone	Cell Phone	Email	Persons authorized to pick up my child from Sunday School/CW
Other Local Emergency Contact: _____			

#### Child Information:

Child's Name	DOB	Age	Current Grade	M/F	Baptized? Date m/d/y	Allergies or Special Needs

On Sunday mornings parent/guardian can be located:  Sanctuary  Sunday School Class

Would you like to be contacted about baptism for your child?

My child will usually attend:  9:30 Sunday School  11:00 Children's Worship  Visiting

How did you hear about FUMC? \_\_\_\_\_ Guest of: \_\_\_\_\_

May we contact you about volunteering with Children's Ministries: Y N Preference:  9:30  11  Other

# Children's Ministries Authorization Form

## Photo Release

FUMC has permission to photograph my children during Children's Ministries events and use these photos in church promotional publications and on the FUMC website.

## Parent Medical Authorization

I/We grant permission for steps to be taken as are necessary to obtain emergency medical care for my children. The steps include, but are not limited to:

1. Attempt to contact parent/guardian.
2. Attempt to contact the child's physician or another physician if he/she is not available.
3. Attempt to contact a parent through the emergency contact persons listed.
4. If necessary, call an ambulance or have the child taken to the nearest emergency room by FUMC staff.
5. Any expense incurred under item 4 will be the responsibility of the child's family.
6. FUMC will not be responsible for anything that may happen as the result of false or incomplete information given at the time of registration, or as a result of the child not being signed in by an adult into Children's Ministries Programming.

I agree to comply with the above procedures and the release of medical information provided on this registration form should an emergency occur.

Child 1: \_\_\_\_\_ Allergies/Special Needs? Describe below.

\_\_\_\_\_

Child 2: \_\_\_\_\_ Allergies/Special Needs? Describe below.

\_\_\_\_\_

Child 3: \_\_\_\_\_ Allergies/Special Needs? Describe below.

\_\_\_\_\_

Child 4: \_\_\_\_\_ Allergies/Special Needs? Describe below.

\_\_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Your signatures indicate that you have agreed to the terms of the Photo Release and the Medical Authorization.

**MEDICAL AUTHORIZATION: Parent/Guardian Signature** \_\_\_\_\_

**PHOTO RELEASE: Parent/Guardian Signature** \_\_\_\_\_