



First United Methodist Church
Round Rock

***Children's Ministries
Registration
2017-2018***

Today's Date: _____

Parent Information

Mother's Name: _____ **Primary Contact Number:** _____

Mother's Address: _____ **Cell #:** _____

Mother's Email: _____ **City/Zip:** _____

Father's Name: _____ **Primary Contact Number:** _____

Father's Address: _____ **Cell #:** _____

Father's Email: _____ **City/Zip:** _____

Emergency Contact if a parent can not be reached

Name: _____ **Phone Number:** _____

Statement Treatment/Medical Release

I, _____ (parent/guardian) of _____ give FUMC my permission to the Staff of First United Methodist Church of Round Rock, Texas or anyone acting on its behalf to obtain necessary emergency medical treatment by a licensed physician, hospital or clinic to the child as detailed below. In providing this consent, I understand that First United Methodist Church, Round Rock, Texas, does not have medical staff on campus and that all decisions regarding the need for emergency treatment will be based upon reasonable judgment of First United Methodist Church or its designee. I release First United Methodist Church and its staff from any and all liability, claims, demands or causes of action related to loss, damage or injury which may occur while my child is attending Sunday morning programming.

Parent Signature: _____

Printed Name: _____

Date: _____

Our Sunday School is dependent on volunteers.

Children Ministries would like to know about any special skill or profession that you would be willing to share with the children (ex. cooking, computer, sports, sewing, crafting, nursing, music) :

Please let us know if you are willing to volunteer with children in _____ Preschool _____ Elementary

How many times a month would you be willing to volunteer:

___ 1 week per month ___ 5 consecutive weeks at a time ___ Substitute as needed

****A separate Media Release Form is required for each child****
Additional copies are available from the Children's Ministries staff.

Nursery Registration

(newborns through under 2 years old on Sept. 1, 2017)

Child's Name: _____ **Date of Birth:** _____ **M** or **F?**

Medical Conditions/Allergies (food, etc.): _____

My child likes to have these things for comfort: Blanket Pacifier Toy Other _____

Snacks are okay to give: Yes No Do Not Give Any _____

Child's Name: _____ **Date of Birth:** _____ **M** or **F?**

Medical Conditions/Allergies (food, etc.): _____

My child likes to have these things for comfort: Blanket Pacifier Toy Other _____

Snacks are okay to give: Yes No Do Not Give Any _____

Child's Name: _____ **Date of Birth:** _____ **M** or **F?**

Medical Conditions/Allergies (food, etc.): _____

My child likes to have these things for comfort: Blanket Pacifier Toy Other _____

Snacks are okay to give: Yes No Do Not Give Any _____

This form is valid until June 1, 2018.

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Preschool Registration (2 year olds through PreK age)

Please check the classes in which you wish to enroll your preschool child:

<input type="checkbox"/> <i>Two by Two</i>	<input type="checkbox"/> <i>Preschool Sunday School</i>	<input type="checkbox"/> <i>Bible Buddies</i>
8:30, 9:40 or 11:00am 2 yrs. old (by Sept.1, 2017)	9:40am 3 yrs. old (by Sept.1, 2017) – PreK	8:30 or 11:00am 3, 4, & 5 year olds and not yet in kindergarten

Child's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age on September 1, 2017: _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods, Band-Aids, etc.) existing illness, previous serious illness, injuries during the past 12 months & any other information that will be helpful to the church staff and volunteer teachers & volunteers:

Please check the classes in which you wish to enroll your preschool child:

<input type="checkbox"/> <i>Two by Two</i>	<input type="checkbox"/> <i>Preschool Sunday School</i>	<input type="checkbox"/> <i>Bible Buddies</i>
8:30, 9:40 or 11:00am 2 yrs. old (by Sept.1, 2017)	9:40am 3 yrs. old (by Sept.1, 2017) – PreK	8:30 or 11:00am 3, 4, & 5 year olds and not yet in kindergarten

Child's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age on September 1, 2017: _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods, Band-Aids, etc.) existing illness, previous serious illness, injuries during the past 12 months & any other information that will be helpful to the church staff and volunteer teachers & volunteers:

Please check the classes in which you wish to enroll your preschool child:

<input type="checkbox"/> <i>Two by Two</i>	<input type="checkbox"/> <i>Preschool Sunday School</i>	<input type="checkbox"/> <i>Bible Buddies</i>
8:30, 9:40 or 11:00am 2 yrs. old (by Sept.1, 2017)	9:40am 3 yrs. old (by Sept.1, 2017) – PreK	8:30 or 11:00am 3, 4, & 5 year olds and not yet in kindergarten

Child's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age on September 1, 2017: _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods, Band-Aids, etc.) existing illness, previous serious illness, injuries during the past 12 months & any other information that will be helpful to the church staff and volunteer teachers & volunteers:

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Elementary Registration (Walk of Faith Kindergarten – 5th Graders)

Child's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Grade Attending Fall 2017: _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods, Band-Aids, etc.) existing illness, previous serious illness, injuries during the past 12 months & any other information that will be helpful to the church staff and volunteer teachers & volunteers:

Child's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Grade Attending Fall 2017: _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods, Band-Aids, etc.) existing illness, previous serious illness, injuries during the past 12 months & any other information that will be helpful to the church staff and volunteer teachers & volunteers:

Child's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Grade Attending Fall 2017: _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods, Band-Aids, etc.) existing illness, previous serious illness, injuries during the past 12 months & any other information that will be helpful to the church staff and volunteer teachers & volunteers:

Additional Information for 5th Grade Children Only

I give the First United Methodist Church staff and volunteers permission to allow my 5th grade child.

_____ to sign in before class and sign out at the end of class without a parent or sibling to check him/her in/out of class. **Younger siblings will not be released to 5th grade children.**

Signature: _____

Today's Date: _____

This form is valid until June 1, 2018.

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Media Release

First United Methodist Church Round Rock
Media Permission and Release Form valid until June 1, 2018

By my signature below, I acknowledge that I am the parent/guardian of the following named child participating in a program, class, course, event, and/or activity offered by First United Methodist Church Round Rock (FUMC RR)

(Child's Name Printed – One Form per Child)

Unless indicated by my initials placed below, I hereby grant permission for FUMC RR to use photographs, voice recordings, and video recordings (collectively, the "Images") of my child on the church-wide website, social media, electronic communiqués, displays, and/or in other official printed publications (collectively, the "Church Sponsored Media") without further request. I understand that FUMC RR has the opportunity to crop, alter, or treat the Images as it may deem appropriate. I further acknowledge that FUMC RR may choose not to use Images of my child at this time but may do so at its discretion in the future. I also understand that once Images are posted on Church Sponsored Media, the image can be downloaded by any computer user, anywhere in the world.

By initialing below, I am WITHHOLDING CONSENT to use Images of my child in the following Church Sponsored Media (failure to initial shall be deemed consent to use the Images):

- _____ Periodic updates regarding my child's progress in FUMC RR programs, courses, events, and/or activities via text messages sent to my child's parents'/guardians' cell phones reflected below.
- _____ Periodic updates regarding my child's progress in FUMC RR programs, courses, events, and/or activities sent via email communiqués to my child's parents'/guardians' email addresses reflected below.
- _____ Posting and sharing on the FUMC RR church-wide website.
- _____ Posting and sharing on FUMC RR social media sites.
- _____ Inclusion in FUMC RR program, course, event, and activity related displays, promotional and recognition materials, and other official printed publications and communiqués for FUMC RR.

I acknowledge that any Images utilized by FUMC RR may include my child's first name only. I also acknowledge that I have been given the opportunity for my child's Images to NOT be used. Therefore, I agree to release, indemnify, and hold harmless First United Methodist Church Round Rock, its respective staff members, pastoral staff, volunteers, board of trustees, successors, and designees from any liability claims and/or damage arising out of the use of Images of my child in a Church Sponsored Media for which I consented. I understand that I may modify this form at any time, but it is my responsibility to update this form in the event that I wish to no longer authorize the above uses.

_____ Name Printed	_____ Relationship to Child
_____ Parent/Guardian Signature	_____ Date
_____ Email Address	_____ Cell Phone #

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Name Printed

Relationship to Child

Parent/Guardian Signature

Date

Email Address

Cell Phone #