



## Children's Ministry Registration Form 2018-2019

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_ May We Text You:  YES  NO  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Additional Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

### Child Information

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_  
Activities, Interests, Sports, etc.: \_\_\_\_\_  
*List any known allergies or select "none."* None: \_\_\_\_\_ Allergies (Food or medication): \_\_\_\_\_  
Reactions: \_\_\_\_\_ Treatment Plan: \_\_\_\_\_  
Does your child normally carry an Epi Pen?  Yes  No *If you answered "yes" please attach special instructions*  
*Please list any other special needs here:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_  
Activities, Interests, Sports, etc.: \_\_\_\_\_  
*List any known allergies or select "none."* None: \_\_\_\_\_ Allergies (Food or medication): \_\_\_\_\_  
Reactions: \_\_\_\_\_ Treatment Plan: \_\_\_\_\_  
Does your child normally carry an Epi Pen?  Yes  No *If you answered "yes" please attach special instructions*  
*Please list any other special needs here:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_  
Activities, Interests, Sports, etc.: \_\_\_\_\_  
*List any known allergies or select "none."* None: \_\_\_\_\_ Allergies (Food or medication): \_\_\_\_\_  
Reactions: \_\_\_\_\_ Treatment Plan: \_\_\_\_\_  
Does your child normally carry an Epi Pen?  Yes  No *If you answered "yes" please attach special instructions*  
*Please list any other special needs here:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_  
Activities, Interests, Sports, etc.: \_\_\_\_\_  
*List any known allergies or select "none."* None: \_\_\_\_\_ Allergies (Food or medication): \_\_\_\_\_  
Reactions: \_\_\_\_\_ Treatment Plan: \_\_\_\_\_

Does your child normally carry an Epi Pen? \_\_\_ Yes \_\_\_ No

*If you answered "yes" please attach special instructions*

Please list any other special needs here: \_\_\_\_\_

### **Additional Child Information**

Other Relatives at Broadmoor UMC: \_\_\_\_\_

Who else has your permission to pick up your children: \_\_\_\_\_

*Please also use this space to make us aware of any circumstances about your child(ren)'s safety regarding custody, parental agreements, etc.* \_\_\_\_\_

### **Parental Agreement 2017-2018** *(operative from date of signature through July 31, 2018)*

*Signing this agreement is necessary for your child to attend.* I hereby certify that all the information contained in this registration form is up to date and correct. I give permission for my child to be treated by a physician, nurse, or other person appropriately trained in first aid in case of an emergency. I understand that every attempt will be made to contact the adults on this form if medical intervention is needed, beginning with the parent/guardian(s). Additionally, I understand that with every activity, there is the inherent possibility of risk, and I do not hold Broadmoor United Methodist Church, its leaders, employees, or volunteers liable for damages, losses, diseases, or injuries incurred by the subject on this form.

I \_\_\_ **give** \_\_\_ **do not give** my permission and consent for the use of photography or video that includes my child's image. I further give my permission and consent that any such photographs may be used by Broadmoor United Methodist Church to illustrate or promote the church's programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_