

Bethel International UMC Children's Registration Information

Welcome to a Christ centered, parent & church supported, creative and inclusive children's ministry. Child Attending Sunday School and/or Choir: 10:00 ____ Children's Worship: 11:00 ____

You Are: Member ____ Attending ____ Visitor ____

Child's Name: _____ Gender M/F Date of Birth: _____ age: ____

Parents/Guardians Names: (Print) _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address _____

Allergies/Medical Conditions: _____

Is there anything you would like to share with us to help your child have a good experience?

_____ Siblings Names: _____

We transfer uprising students each fall following the School year calendar.

(Please Circle age or grade) Pre-K & K: 3yrs. 4yrs. 5yrs. 6yrs. Elementary: 1st 2nd 3rd 4th 5th 6th

Our Sunday School Ministries are staffed by parents and members who serve as Servant Teachers. If classes are filled with Servant Teachers you will be added to a substitute listing.

- Are you able to serve once a month for one hour in a class? YES ____ NO ____
- Would you like to serve more than once a month? YES ____ NO ____
- Have you completed the church Safe Sanctuary Training? YES ____ NO ____
- What classroom time would you prefer to serve? 10:00 ____ 11:00 ____
- What age or grade of students do you like to be with?

Photo/Voice/Video Consent: Bethel International UMC has my permission to use photos and/or videos of my child participating at any and all church events for media usage by BIUMC. No personal information will be attached to photos or videos. YES ____ NO ____

Safe Sanctuary Environment:

- If your child has a fever or has been sick within 24 hour please nurse them back to health at home. A parent/guardian will be contacted if a child demonstrates physical illness, uncontrollable crying and/or outburst.
- I understand that two adults are needed in each area where children are gathered during church ministries and I may be asked to stay and help if needed.
- Children are redirected, reminded and encouraged to participate during their time with us. A designated space within the room/area will be suggested for a child needing their own space until they are ready to rejoin their classmates. If a child is unable to participate in class their parent/guardian will be contacted.
- I am responsible for signing my child/children in and out when picking up from any area or room in which children are participating in a ministry or event at the church or off site.
- I understand the above information and have answered questions to the best of my ability.

Parent/Guardian Signature _____ Date _____

Please read and sign the back for this form - -Turn in this sheet to your child's teacher or church office

Bethel International United Methodist Church Emergency Medical and Parent Authorization Form Being the parent or legal guardian of (print minor's name) _____, I (print parent/guardian's name) _____ do give consent for him/her to participate in the activities, meetings, outings, trips, retreats, and events sponsored by Bethel International United Methodist Church. I understand that all reasonable safety precautions will be taken by Bethel International United Methodist Church and its agents during church activities. I understand the possibility of unforeseen hazards and the inherent possibility of risk. I agree not to hold Bethel International United Methodist Church, its leaders, employees, or voluntary workers liable for damages, losses, diseases, illnesses, or injuries incurred by the minor subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact me. If I cannot be reached in an emergency, I hereby authorize and consent to emergency medical treatment, injection, anesthesia, x-ray, surgery, or dental care to be given to my son/daughter, as deemed advisable or necessary in the judgment of an emergency medical professional or physician. As the parent or legal guardian, I am responsible for the health care decisions for my minor child, and I agree and understand that my insurance plan is the primary plan to pay for any dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

- I understand the above information and have answered questions to the best of my ability.

Parent/Guardian Signature and Date _____

Turn in this sheet to your child's teacher or the church office-