Bethel International UMC

Children's Registration Information

-Please read and sign the back for this form -

2013 - 2014

	arist centered, parent & church sup	•		clusive (children	's ministry.
G	y School: 10:00 Children's (Church: 11:00)			
	Attending Visitor					
Child's Name:		Gender M/F	Date of	Birth: _		age:
Parents/Guardians Name	es: (Print)					
Address:	City_		State		Zi	p
Home Phone:	Work Phone:		_ Cell F	Phone: _		
E-mail Address						
Allergies/Medical Condi	tions:					
Is there anything you wo	ould like to share with us to help yo	ur child have	a good e	xperien	ce?	
Siblings Names:						
We transfer uprising stude	nts each fall following the School year	calendar.	(Please	e Circle	age or g	grade)
Pre-K & K: 3yrs. 4y	rrs. 5yrs. 6yrs. Elementar	y: 1st 2nd	d 3rd	4th	5th	6th
 classes are filled with S Are you able to see Would you like to Have you complete What classroom times 	nistries are staffed by parents an ervant Teachers you will be adderve once a month for one hour in a classerve more than once a month? ed the church Safe Sanctuary Training me would you prefer to serve? of students do you like to be with?	ed to a substit	YES_ YES_ YES_			-
Pre-K & K class	School Age Classes:	(1st - 3 rd)	or	(4th - 6	5 th)	
	ent: Bethel International UMC has mall church events for media usage by					
Safe Sanctuary Environ				. 1 1.1	. •	
 parent/guardian wi I understand that to may be asked to st Children are redired within the room/are classmates. If a children are participating in 	fever or has been sick within 24 hour all be contacted if a child demonstrates wo adults are needed in each area when ay and help if needed. Extended, reminded and encouraged to particular a child needing a child is unable to participate in class the resigning my child/children in and out was a ministry or event at the church or off ove information and have answered quere.	physical illnes re children are ticipate during ng their own spa ir parent/guardi when picking up site.	s, uncont gathered their time ace until t ian will b from any	during cle with us they are recontact area or r	crying and hurch minds. A design ready to ted.	nd/or outburst. inistries and I gnated space rejoin their

-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
Being the parent or legal guardian of (print minor's name) I (print parent/guardian's name) participate in the activities, meetings, outings, trips, retreats, as United Methodist Church.	nd events sponsored by Bethel International
I understand that all reasonable safety precautions will be take Church and its agents during church activities. I understand the inherent possibility of risk. I agree not to hold Bethel International employees, or voluntary workers liable for damages, losses, dissubject of this form.	e possibility of unforeseen hazards and the onal United Methodist Church, its leaders,
I understand that in the event medical intervention is needed, ecannot be reached in an emergency, I hereby authorize and con anesthesia, x-ray, surgery, or dental care to be given to my son the judgment of an emergency medical professional or physicial	nsent to emergency medical treatment, injection, /daughter, as deemed advisable or necessary in
As the parent or legal guardian, I am responsible for the health and understand that my insurance plan is the primary plan to p treatment that is given to my child. Any policy of the church o as the secondary coverage.	ay for any dental, medical, or hospital care or
• I understand the above information and have answe	red 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-