

Trinity United Methodist Church

CHURCH SCHOOL REGISTRATION FORM 2017-2018

Please fill out one form for each child you wish to register.

CHILD INFORMATION

Name _____ DOB _____ Age _____ Grade _____ M / F

Allergies? **Yes / No** (If yes, please list): _____

Parental concerns, special needs: _____

Baptized? **Yes / No** Confirmed? **Yes / No**

PARENT INFORMATION

Parents/Guardians: _____

Address: _____ City: _____ ZIP: _____

Home phone: _____ Cell phone numbers: _____

Family email address: _____

Emergency contact names and numbers:

(1) _____

(2) _____

CLASSROOM PERMISSION SLIP

I agree that teachers may take children and youth outside the classroom while remaining on church grounds. This may include having class in another part of the building or outside. Any off-campus activities will require separate notification and permission. **Yes / No**

SAFE SANCTUARIES

I agree to abide by our policy that children in grade 5 and younger be dropped off and picked up by a parent or other designated adult. They should also be accompanied any time they leave the sanctuary during worship (other than to Chapel Kids or with choir). **Yes / No**

GENERAL RELEASE FORM FOR PHOTOGRAPHS, VIDEOS, AND OTHER MEDIA

I grant Trinity United Methodist Church permission to use my child's likeness in photographs and/or videos in any and all of its print or electronic publications, marketing, or public relations, such as newsletters, brochures, websites, CD's or DVD's, promotional items, or other such material, and in any and all other media controlled by Trinity United Methodist Church, in perpetuity, and for other publications or promotional use by Trinity United Methodist Church. I will make no monetary or other claim against Trinity United Methodist Church for the use of photographs or videos. Names are not used. **Yes / No**

VOLUNTEER OPPORTUNITIES

We welcome and encourage you to participate in our church school program. In fact, we hope you'll help occasionally! Please check all that apply:

___ Substitute teacher ___ Nursery volunteer ___ Bible Story Time volunteer ___ Chapel Kids volunteer

___ Other: _____ ___ No thank you, not at this time

Parent/Guardian's signature: _____ Today's date: _____