



## 2017-18 Registration

Child's Name 1. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

School Name: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Medical Concerns and Allergies: \_\_\_\_\_

### Parent/Guardian Information (please provide 2 phone numbers per parent)

Mother: \_\_\_\_\_ Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother Email address: \_\_\_\_\_

Father Email address: \_\_\_\_\_

Home Church: \_\_\_\_\_

### Emergency Contacts (Please provide 2 people other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pick-Up List**, list all adults authorized to pick up your child/children, include your name as well. *(This is to maintain the safety of the students; we will only be releasing students to the people listed as authorized and they will be required to have a picture ID.)*

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**See Back to Complete Form**

**We need your support to make Terrific Tuesday a success for our kids.**

Below are areas of support, check those you can support and someone on our team will contact you.

**Needs include:**

- Snack Donation (i.e. Individual packaged snacks for 30 children)
- Volunteer for Tuesday Program Support

I give permission for my child's photo to be taken at MEUMC Yes No

*(I understand and give permission for photos taken by the Children's Ministry may be displayed on: bulletin boards, art projects, or on the Mary Esther UMC website and Facebook page).*

**PERMISSION TO ATTEND ACTIVITIES AWAY FROM  
MARY ESTHER UNITED METHODIST CHURCH**

I hereby consent to participation by my child \_\_\_\_\_ in activities that are scheduled away from Mary Esther United Methodist Church. I understand that my child will be under supervision on Mary Esther United Methodist Church staff or designated volunteers. In the event that I cannot accompany my child, I give permission for my child to ride with a designated driver in the Mary Esther United Methodist van or bus.

On the rare occasion an emergency requiring medical treatment develops, the designated Supervisor of this activity will make every attempt to contact parent/guardian/emergency contact prior to exercising the emergency treatment consent.

In the event of injury and/or illness of my son/daughter/ward, \_\_\_\_\_ I hereby authorize the Mary Esther United Methodist Church Supervisor of the activity to obtain and consent to whatsoever medical treatment the medical professional deems necessary. I do hereby release Mary Esther United Methodist Church and the event supervisor from any and all claims which may arise from obtaining and consenting to medical treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian