



# Children's Registration Form

2015 - 2016

Sunday School

Nursery Care

**Student  
Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Gender: Male / Female Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Fall 2015 Grade: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**Parent / Guardian  
Information**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_

**Emergency  
Contact**

**Contact 1**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contact 3**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent Help**

I / We Would be willing to help:

Teacher: \_\_\_\_\_ Substitute or Assistant Teacher: \_\_\_\_\_ Special Event: \_\_\_\_\_

Other (Share your idea): \_\_\_\_\_

**Medical  
Information**

Child Name: \_\_\_\_\_

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

Date of last Tetanus Shot: \_\_\_\_\_

\_\_\_\_\_  
Pre-existing or present medical conditions

\_\_\_\_\_  
Allergies (seasonal, Food, Medications)

\_\_\_\_\_  
Current Medications

In the event of an accident, injury, or illness, the adult leaders are hereby authorized to secure any and all medical services that my child may need. I understand and acknowledge that I/we will be responsible for any and all medical, surgical, medication, and transportation costs which may be incurred on behalf of my child.

I/We further agree to indemnity, hold harmless, release, and forever discharge Oak Grove United Methodist Church from any claims which I or my heirs or any other persons acting on my behalf have or may have against the United Methodist Church by reason of accident, illness, or any other consequences arising directly or indirectly from the participation of the minor child named above in the Oak Grove United Methodist Church programs from **September 1, 2015 through August 31, 2016**, including but not limited to traveling off-site for activities. This authorization is valid until revoked by me, in writing.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

**Photo Consent  
(Web & Social Media)  
Permission**

Yes, I /We give Permission

No, Please do not use images of my child

I give Oak Grove United Methodist Church. Permission to use images, music, video and/or vocal Performances of my child and grant the Oak Grove United Methodist Church all rights to use these sound, still, or moving images as content on its website, OakGroveUnitedMethodist.com and/or on our online photo page and Facebook Pages and other Social Media sites sponsored by Oak Grove United Methodist Church. The undersigned certifies that he/she has read this Instrument and understands all of its terms.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date