

PLATTE WOODS UMC
Children's
Ministry

REGISTRATION FORM

Parent's/Guardian's Name _____ Cell Phone _____

Parent's/Guardian's Name _____ Cell Phone _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Email Address _____ PWUMC Member Yes _____ No _____

Additional Emergency Contact (*Optional*):

Name _____ Phone _____

Registration in Children's Ministry Programs authorizes Platte Woods United Methodist Church to take photographs and/or videos during Children's Ministry Events and classes. Photos/Videos may be used in promotional materials including, but not limited to: brochures, church website/social media.*

Parent's/Guardian's Signature

Date

HOW CAN YOU HELP?

Please indicate your interest and availability

_____ Welcome Desk _____ Sunday 9:15 a.m.

_____ Adult Helper _____ Sunday 10:45 a.m.

_____ Substitute Helper/Teacher

_____ Last Minute Helper _____ Wednesday 6:00 p.m.

_____ Special Needs Ministry

_____ Special Events (Trunk-or-Treat, Easter EGGstravaganza, VBS, etc.)

_____ Other _____

*Please see Janice Ramsey, Children's Ministry Associate to opt out. jmramsey@plattewoodschurch.org 816-741-2972 ext 217

I am registering my child(ren) to be placed in a small group at the following time(s):

___SUN 8:00 AM* ___WED 6:00-7:50 PM (rotations of Bible, Music, Craft, Games)

___SUN 9:15 AM ___SAT 5:00 PM*

___SUN 10:45 AM

*childcare for preschool age and under, no small groups

_____(INITIAL) Childcare is occasionally offered for events and activities. I understand that it is my responsibility to reserve childcare at childcare@plattewoodschurch.org in advance. This includes children birth-2 years old on Wednesday evenings.

Child's Name _____

Boy ___ Girl ___ First Birth Date ____/____/____ Middle Last Grade (Aug. 2016) _____ School _____

Conditions which may limit activities _____

Allergies _____ Medication(s) _____

Child's Name _____

Boy ___ Girl ___ First Birth Date ____/____/____ Middle Last Grade (Aug. 2016) _____ School _____

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