

PLATTE WOODS UMC
Children's
Ministry

Parent's/Guardian's Name _____

Cell Phone _____

Parent's/Guardian's Name _____

Cell Phone _____

Address _____ Texts Allowed Y N

City _____ State _____ Zip _____

Email Address _____

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.

To OPT-OUT: Please do not use photographs or videos of my child(ren).

I am registering my child(ren) to be placed on a Kid Connection roster at the following time(s):

Childcare:

___ Wednesday evenings for those birth-2 before August 1, 2019.
(*only for children of those volunteering at WOW or attending Grow Night classes*)

___ Saturday evenings for those 4 & under before August 1, 2019 during worship.

Programming:

___ Sunday School during worship services.

___ WOW on Wednesday evenings per schedule 6:00-7:50 pm for those 3 before August 1, 2019 through 5th grade.

***Flip over to complete family information!** 😊

Family Information:

Child's Name _____
 First Middle Last
Boy ___ Girl ___ Birth Date ___/___/___ Grade ___ School _____

Our church wants each child to be successful and safe while participating in children's ministry activities. Does your child have any allergies, medical conditions, learning differences, or any other special need of which our ministry team should be aware? If yes, specify below:

Child's Name _____
 First Middle Last
Boy ___ Girl ___ Birth Date ___/___/___ Grade ___ School _____

Our church wants each child to be successful and safe while participating in children's ministry activities. Does your child have any allergies, medical conditions, learning differences, or any other special need of which our ministry team should be aware? If yes, specify below:

Child's Name _____
 First Middle Last
Boy ___ Girl ___ Birth Date ___/___/___ Grade ___ School _____

Our church wants each child to be successful and safe while participating in children's ministry activities. Does your child have any allergies, medical conditions, learning differences, or any other special need of which our ministry team should be aware? If yes, specify below:

Child's Name _____
 First Middle Last
Boy ___ Girl ___ Birth Date ___/___/___ Grade ___ School _____

Our church wants each child to be successful and safe while participating in children's ministry activities. Does your child have any allergies, medical conditions, learning differences, or any other special need of which our ministry team should be aware? If yes, specify below:

