



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 Kid Connection authorizes Platte Woods United Methodist Church to take photographs and/or videos during Kid Connection events and programming. 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 a part of Kid Connection and would like to know more about:

- Participating in small groups
- Accessing online curriculum via plattewoodschurch.org/kids
- Connecting on Facebook & Instagram

***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:

