

ATTENTION LEADERS: Please file a copy of completed form in the office and keep a photo copy for your use.



Reeders United Methodist Church

Youth Registration/Permission/Health/Photo Release Form

Check the activity(s) below that may apply to your child: (valid for 1 year beginning Sept. 1st)

<input type="checkbox"/> *Sunday School	<input type="checkbox"/> *Youth Group	<input type="checkbox"/> *Youth Volunteer
<input type="checkbox"/> *AWANA	<input type="checkbox"/> *Camp/Retreat	<input type="checkbox"/> *Other (please list)
<input type="checkbox"/> *VBS	<input type="checkbox"/> Little Blessings Nursery School	<input type="checkbox"/> _____

*Complete all sections except "E"

A. Today's Date: _____ **Grade** _____ **Student's Birthdate:** _____

Name of Student: _____ **Sex:** M _____ F _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Student's Cell #:** _____

Dad (guardian) full name: _____

Mother (guardian) full name: _____

Parent email: _____ **Parent/Guardian Cell #:** _____

EMERGENCY CONTACT INFO: **Home Phone** _____

Full Name: _____ **Cell No.** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

HEALTH INFORMATION:

List any special needs your child may have: _____

List any medications your child is currently taking: _____

List any and all allergies (including food): _____

List any activity restrictions: _____

B. MEDICAL RELEASE STATEMENT:

My signature below confirms that I understand all reasonable safety precautions will be taken at all times by Reeders UMC and Little Blessings Nursery School during attendance at all events and activities. I understand the possibility of unforeseen hazards and understand the inherent possibility of injury. I understand that in the event medical intervention is needed for this child, an attempt will be made to immediately contact the persons listed on this form. In the event that I cannot be reached in an emergency, I hereby give my permission for Reeders UMC and Little Blessings Nursery School staff to call 911 and request emergency services and/or for a church or nursery school representative to transport the child to a medical emergency or urgent care facility for treatment. _____ (initial)

C. HOLD HARMLESS AND INDEMNIFICATION:

I agree to hold Reeders UMC, Little Blessings Nursery School, its leaders, employees, and volunteers harmless from any damages, losses, diseases, injuries incurred by my child or for photos of my child participating in Reeders UMC or Little Blessings Nursery School activities not taken or released by Reeders UMC staff, Little Blessings Nursery School Staff and/or volunteers. _____ (initial)

D. PHOTO PERMISSION RELEASE:

From time to time your child may be photographed while participating in Sunday School, Little Blessings, AWANA, Youth Group or VBS activities. We would like permission to use these pictures on the Church website, church newsletter, bulletin boards or other Church and/or Nursery School social media sites. We will never reference your child by name or provide specific information on your child. The pictures will only be used by Reeders UMC to show the many ways our children and youth can have fun while participating in nursery school and/or church related activities. _____ (initial)

_____ Yes, I grant permission to use photos only for the purposes stated above

_____ No, Please do not photograph my child.

E. LITTLE BLESSINGS NURSERY SCHOOL APPLICANTS ONLY:

CLASS YOU ARE REQUESTING (Circle):

Mommy + Me **Three's** **Four's: AM or PM (Circle one)** **Pre-K (Five's)**

Email Address _____ Name & Ages of Siblings: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Work #: _____ Mother's Work #: _____

Has Child previously attended Nursery School or Day Care? _____

If so, how long?: _____ How did you hear about Little Blessings? _____

What are your child's favorite interests? _____

Please list your child's other group experiences (Sunday school, play groups, babysitter, etc.)

Does your child like to play alone? _____ with playmates? _____

Does your child have any behavioral problems? (Examples: Leaving a classroom or building on their own, hitting, biting, etc.)

Special Concerns: Fears _____ Food _____ Health _____

Would your child like to use a nickname in school? _____ If yes, what is it? _____

Describe your family structure:

Traditional two parent Divorced Step Parent Single Parent Other

Is there any confidential information that would help the teacher work with your child? _____
If yes, the teacher will contact you before school begins to discuss them.

IMMUNIZATIONS (please list dates—check marks will not be accepted). If your child is medically or religiously exempt from immunizations, please request a medical exempt form from us.)

DPT _____ Rubella _____ Measles _____
Mumps _____ Tetanus Booster _____ Other _____

Name of Pediatrician or Family Doctor: _____

****Youth Group and Camp Retreats only:** Parent signature below must be signed in the presence of 2 program leaders and witnessed by their signatures below. Without leader signatures it must be signed in front of a Notary.

Program Leader

Program Leader

NOTARY: _____ Date: _____ (SEAL)
(only needed if parent signature not witnessed by 2 program leaders)

****X**Parent/Guardian Signature _____ Date: _____