

# COKER UNITED METHODIST CHURCH CHILDREN'S MINISTRIES

## Permission and Registration Form

Child's Name \_\_\_\_\_ ( ) boy ( ) girl Birth date \_\_\_\_\_

Grade \_\_\_\_\_ School child attends \_\_\_\_\_ Home phone \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Mother \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Parents' preferred email address(es) \_\_\_\_\_

Names and ages of other children in the family \_\_\_\_\_

Coker United Methodist Church Members \_\_\_\_\_ Visitors \_\_\_\_\_ Other church attended \_\_\_\_\_

Which Children's events does the child generally attend? ( ) Sunday School ( ) Kids' Club ( ) Extreme Kids

Emergency Contact Information (please list individuals other than parents.)

Contact #1 \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Emergency contact's relationship to child? \_\_\_\_\_

Contact #2 \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Emergency contact's relationship to child? \_\_\_\_\_

### Medical Information

Medical conditions impacting child's participation (food allergies, asthma, etc.) \_\_\_\_\_

Medication(s) child is currently taking \_\_\_\_\_

Preferred hospital/clinic \_\_\_\_\_

### PARENT RELEASES

- Medical Treatment:** I hereby authorize the staff or volunteers of Coker UMC to obtain medical treatment for my child in the event of an emergency. I release Coker UMC, their employees, and volunteers from any claim of liability in connection therewith. \_\_\_\_\_ **initial**
- Events / Activities:** I grant permission for my child to attend on-site and off-site events, activities and programs of the Coker UMC in which he/she is enrolled. This permission includes bus rides to various activities. I will be notified in advance of all activities. \_\_\_\_\_ **initial**
- Publicity:** I grant permission for my child to be included in Coker UMC directories and promotional materials which may include pictures and/or recordings on Coker UMC websites, social media outlets and newsletters. \_\_\_\_\_ **initial**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_