



501 Howe Street, Green Bay, WI 54301
(920) 437-9252 • www.fumcgb.org



2018-2019 Age 3 – Grade 5 Children’s Ministry Registration

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Student(s) Information:

First Name	Last Name	Grade	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) or Guardian(s): _____

Cell Number: (____) _____ - _____

Email Address: _____

Check all that apply:

I prefer that you **text** **e-mail** **call** **other** _____

with schedule changes and program updates.

Please note:

Children will remain at the drop-off point with program staff until a parent/guardian comes to gather them.

Emergency Contact	Relationship	Phone Number
_____	_____	_____
Doctor	Doctor’s Phone Number	Hospital Preference
_____	_____	_____

Allergies: _____

Special Needs/Concerns: _____

I am open to the idea of occasionally helping out with:

Sunday School Spark Kids on Wednesday Nights

(over)

Authorization To Treat a Minor

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church or its agents to consent to examination, diagnosis, treatment or hospital care for my child(ren), which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Activity Liability Release

I agree to accept full responsibility for my child(ren)'s participation in any church related or sponsored activity and to hold harmless First United Methodist Church, Green Bay, WI, its staff, adult, youth or children's leaders and other church members.

Image Release

I understand that my child(ren)'s image(s) may be used in church publications including but not limited to printed materials and web-based sites.

Signature of

Parent/ Guardian: _____ Date Signed: _____

Print Name: _____