



St. Paul's United Methodist Church Children's Information Form 2022-2023

Parent/Guardian Information

Parent Name: _____

Parent Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (____) _____

Phone: (____) _____

Email: _____

Where can you be found while your child is in our care?
(Please circle your typical Sunday schedule)

8:30 a.m.	Sunday School	11:00 a.m.
Worship	Class: _____	Worship

List any adults (and relationship to child) who have permission on a regular basis to pick up your child from a classroom or childcare. Children will be released only to authorized adults, and not to siblings under 18.

Would you like your child to participate in Special Needs Ministry? Yes No

Diagnosis or Special Need _____

We have many opportunities for adults to be in ministry. Please indicate areas of interest:

- Sunday School Teaching Team
*Pre-school or Kindergarten class
*Elementary class
- Nursery volunteer
- Special Needs Ministry
- Special events for children or families
- Office volunteer
- Supply preparations
- Volunteer with Children's Choirs

Photograph Release:

I hereby grant permission for my child/children's photograph to be included in the church publications, local press, video, outreach brochures and church website & social media. It is our policy not to identify children by name. I also grant permission for my child (ren) to participate in video calls (i.e. "Zoom")

Signature: _____

Date: _____

Children's Information

Child's Full Name: _____

Name Called: _____

Birth Date ____/____/____ M or F

Current Grade/Class & School _____

Please circle your child's typical Sunday schedule:

Child Care	9:45 Sunday School	Children's Choir
8:30 or 11:00	or Nursery	1st-2nd 3rd-5th

Allergies/Concerns _____

Child's Full Name: _____

Name Called: _____

Birth Date ____/____/____ M or F

Current Grade/Class & School _____

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Allergies/Concerns _____

Safety and Hygiene:

All adults in contact with children at St. Paul's are required to complete Safe Sanctuary training and a background check. St. Paul's is a nut-free zone; please advise us about any food allergies or other concerns. Pesticides are used periodically at this facility for pest control.

*We welcome children of all abilities in our programs.
Please include any information we need to know about your child to help them be successful.*

MEDICAL / BEHAVIORAL INFORMATION

(required if children will be attending church function without parent/guardian on site)

Child's Name: _____

Doctor's Name: _____ Dr's Phone: _____

Medications: _____

Insurance Carrier: _____ Insurance Policy #: _____

Notes: _____

MEDICAL / BEHAVIORAL INFORMATION

Child's Name: _____

Doctor's Name: _____ Dr's Phone: _____

Medications: _____

Insurance Carrier: _____ Insurance Policy #: _____

Notes: _____

MEDICAL / BEHAVIORAL INFORMATION

Child's Name: _____

Doctor's Name: _____ Dr's Phone: _____

Medications: _____

Insurance Carrier: _____ Insurance Policy #: _____

Notes: _____

I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS the St. Paul's United Methodist Church, as well as its employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by St. Paul's United Methodist Church.

In the event the child/children named above is/are injured while in the care of St. Paul's United Methodist Church and require (s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Pastor of Children's Ministries and/or representatives of St. Paul's United Methodist Church to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as St. Paul's United Methodist Church, free and harmless and agree to INDEMNIFY such person, as well as St. Paul's United Methodist Church, from any claims, demands, or suits for damages (INCLUDING CLAIMS ON NEGLIGENCE) arising from the giving such consent as long as the treatment is administered by or under the supervision of a licensed physician. I acknowledge that participation includes possible exposure to illness from infectious diseases including but not limited to COVID-19, while rules and personal discipline may reduce the risk of serious illness. I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against St. Paul's United Methodist Church.

Parent/Guardian Signature

Relationship to Child(ren)

Full Name Printed

Date

Parent/Guardian signature: _____

Date: ____/____/____