

# AHUMC Children's Ministry

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Baptized Yes No

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Allergies/Special Needs/Diagnosis/Medication so teacher can keep your child safe \_\_\_\_\_

Does this child participate in Choir? Yes No Does this child participate in Children's Worship? Yes No

Where are parents for 9:45 hour on Sunday? \_\_\_\_\_

Preschoolers and Students are picked up from class by an ADULT after Sunday School.

Does your older elementary child need to A) wait to be picked up or B) can be released on their own? A or B

What worship service does your family attend regularly? 8:30 9:45 10:50

In case of an emergency: please list a contact other than parent.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Photo Release

I am aware that photographs or video may be taken of Arlington Heights United Methodist Church Children's Ministry participants during events, activities, and classes by AHUMC staff members, professional photographers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of my child.

I release AHUMC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give AHUMC and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

Yes, I agree to above stated photo release.

No, I do not agree to above stated photo release.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

To be answered by Child please...

Child's Name \_\_\_\_\_

Brothers/Sisters and age \_\_\_\_\_

What activities are you involved in? Church choir, sports, scouts, reading etc. \_\_\_\_\_

Who do you come to church with? \_\_\_\_\_

What is your favorite candy? \_\_\_\_\_

What is your favorite movie? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

What is your favorite Bible story? \_\_\_\_\_

What do you like about church? \_\_\_\_\_

What is your favorite game? \_\_\_\_\_

What do you like to do with your family? \_\_\_\_\_

Do you have any pets? What? Names? \_\_\_\_\_

In Pencil, draw a picture or write about something that makes you happy...