

**Grace United Methodist Church
Children/Youth Registration Form
Safe Sanctuary 2011-2012**

NOTE: The following information is strictly confidential and will be treated as such.

Please print clearly, use black ink.

Family Name: _____

Child's First Name	Middle Name	M/F	Birth Date	Age	Grade	Preschool/ School Name
1.			/ /			
2.			/ /			
3.			/ /			
4.			/ /			
5.			/ /			

Children/Youth programs in which your child/youth participates: *(Please use initials or number)*

_____ Sunday School	_____ Youth Music (Grades 8-12)	_____ Retreats
_____ Bells	_____ Sunday YF	_____ Mission Trips
_____ Children's Choir	_____ Wed. Bible Study	_____ Youth Council
_____ Confirmation	_____ Lock-Ins	

Parent(s) or Legal Guardian(s) Name: _____

Street Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Home Phone:** _____

Cell Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Parent or Guardian Email Address: _____

Alternate Emergency Contact Name: _____
 Home Phone Number: _____ Cell Phone Number _____
 Relationship to Youth: _____

Other adults authorized to pick up my child (age two years through grade 5):

Physician Name(s): _____ Phone Number: _____

*Please advise Children's or Youth Ministries should information change.
Please see reverse side for more information.*

Please list for **each child** any special concerns, as well as allergies or medications of which GUMC should be aware: _____

Are there special needs or particular challenges to your child's participation in GUMC programs (e.g., ADHD, dyslexia, autism, etc.)? _____ Yes _____ No

If your child has special needs (physical, emotional, mental or behavioral), please contact Margaret Harrison (Director of Education Ministries, children age two years through grade 5) or Gaye Lynn Loufek (Director of Youth Ministries, grades 6 through 12) at 630-355-1748.

IMPORTANT INFORMATION THAT WE NEED!

Please read **ALL** of the following carefully, complete by circling Yes or No and sign:

1. In the event of an emergency, I consent to my child's receiving medical treatment deemed necessary by the examining physician and/or GUMC: Y N
2. I understand that Grace United Methodist Church is not liable for any actions conducted by the above youth should they leave a Grace United Methodist Church-sponsored event before the scheduled ending time: Y N
3. Pictures are taken during many of the programs and events at GUMC. We use these pictures in Grace Notes and in the hall display. Grace Notes is also available at www.peopleofgrace.org. No children's names will be used on the website without further contact. I give permission to use my child's picture in the hall display and in Grace Notes: Y N
4. If my child is in the 5th grade or younger and if applicable, I agree that designated choir parents may pick up my child when the choir is singing during worship services and/or may take them to Sunday School or to the choir room: Y N

Instructions for release if your child is a 4th or 5th grader:

1. Will be picking up my child? Yes No
2. My child will meet me at: _____
3. The following special arrangements have been made: _____

The above is effective for the following dates: _____

PLEASE SIGN AFTER READING THIS: I have read the attached letter describing GUMC's Safe Sanctuary Policy and completed the above Registration. I agree that the above material is completed correctly and will advise Children/Youth Ministries should any information change.

Parent/Legal Guardian Name (Print Clearly)

Parent/Legal Guardian Signature

Date