

Dear Parents of Grace United Methodist Church Children and Youth:

Welcome to a new Sunday School year! We welcome you and your child and ask that you complete and return the enclosed Children/Youth Registration and Safe Sanctuary Form. This year we have tried to make a form that will allow you to **only fill out one form for your family**. We also want to inform you of two important programs affecting children and youth at GUMC: the Safe Sanctuary Policy and our Open Doors Ministry.

Safe Sanctuary: One of our children's greatest needs is the need to feel safe. GUMC knows that our children and youth are our most precious asset and must be protected. Through our Safe Sanctuary Policy, GUMC is committed to providing a secure environment for all youth and leaders. A complete copy of the GUMC Safe Sanctuary Policy is available at the church office. In addition, a summary is provided in this packet.

Please note that if your child is age two years through 3rd grade, then you or an authorized adult must complete the Sunday School/activity sign-in and sign-out sheet. In addition, while many may desire to have older siblings pick up younger children, our policy states that a parent or an authorized adult (18 years and older) must pick up children age two years through 3rd grade. If you have a 4th or 5th grader, please help us by telling your child that they may sign themselves out if you have given permission for them to do so. In order to know who is in the classroom at any one time (e.g., if an emergency exit is required), we ask that sign-in and sign-out *not* be done at the same time.

Open Doors Ministry: This year we are continuing to address the particular needs of those children and youth with physical, emotional, behavioral and mental challenges so that all may enjoy and participate most fully in GUMC programs. If your child or youth has such needs, we ask that you contact either Margaret Harrison (Director of Education Ministries, ages two years through grade 5) or Gaye Lynn Loufek (Director of Youth Ministries, grades 6 through 12) at 630-355-1748. Additional information will be gathered and helpful accommodations can be identified. This information will be kept confidentially by Margaret or Gaye Lynn and will be shared only with those individuals who have a need to know the information. If your child has allergies, please so indicate on the attached form. Information regarding all allergies will be shared liberally.

We understand that the above programs require a large commitment. However, the compromise of your child's safety and well-being is **not an option**. As Christians, it is our covenant responsibility to keep your children and youth safe while at GUMC and to meet their particular needs. We ask that you partner with us to implement these programs. Please complete the enclosed Registration Form for **each** child. Forms may be dropped off at the church office, Attn: Margaret Harrison, age two years through grade 5, or Gaye Lynn Loufek, grades 6 through 12. Please **submit your form(s) by September 18, 2011**.

If you have any questions or concerns, please contact Margaret or Gaye Lynn (630-355-1748). Thank you.

**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