

**Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Sunday School Grade \_\_\_\_\_  
School \_\_\_\_\_

**Household 1**

Parent(s)/Guardian (s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Household 2 \* (If applicable)**

Parent(s)/Guardian (s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

\* Include Household 2 on Education Mailing list? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Contact** (other than you) \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Register my child for:**

Sunday School  
(Pre-12<sup>th</sup>)

Wednesday Activities  
(K-6<sup>th</sup>)

Youth Group  
(7<sup>th</sup>-12<sup>th</sup>)

**Other information about my child that would be helpful to teachers:**

## Medical Release

I give permission for my child to receive emergency medical treatment if needed. I understand the staff will try to contact me as soon as possible in the event of an emergency.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Media Release

I understand that photos (film, video, digital) taken of my child may be used by Fairmount Avenue United Methodist Church (FAUMC) publications, including the Messenger, Sunday Bulletin, interior of the church, FAUMC website.

*Images posted on the website will not include names.*

*Images in the Messenger may include first name only.*

*Images in the Sunday Bulletin or within the church may include first and last name.*

*Publications not listed here will not include names.*

### I agree to FAUMC's Media Release

**Yes** \_\_\_\_\_ **Yes, with exceptions listed below** \_\_\_\_\_ **No** \_\_\_\_\_

(List exceptions here: \_\_\_\_\_)

### For parents of youth (7<sup>th</sup>-12<sup>th</sup> graders):

**I give FAUMC permission to send e-mails or text messages to my youth:** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Permission for either of the above may be revoked at anytime by sending a letter to the church office.*

## FAUMC Programming and Parent Covenant

FAUMC recruits and relies on volunteers for our programs. Volunteers are giving of their time to put together meaningful lessons and to connect with our children.

- ❖ I agree to pick up my child/ren promptly when programming ends.
- ❖ I agree that my child will be either in a Sun/Wed School activity or supervised by a Parent/Guardian.
- ❖ I understand that our programs are supported and run by volunteers and that appropriate behavior is expected from all children. If my child's behavior becomes a problem, I will be receptive to devising a plan to rectify the situation.
- ❖ I understand that our children / youth programs are cooperative and that members of our household will be asked to play a volunteer role. (*Some examples include: assisting on Sunday morning or Wednesday evenings, chaperoning Kids Act or youth events, preparing Wednesday night meal*)

FAUMC is intent on creating a safe environment. Thus, we want to know where children are during Wed evenings and will provide childcare for those preschool-6<sup>th</sup> graders with busy parents.

- ❖ If I'm unavailable after programming, I understand I may make arrangements for my 6<sup>th</sup> grade and younger child/ren to go directly to childcare or have another adult assume responsibility for my child/ren.
- ❖ I agree to help keep my child indoors during mealtime in order to make the program meaningful and safe for everyone.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_