

# **BUMC Children & Youth Registration 2022 – 2023**



**Please complete 1 form per family & return to the church office.**

**NOTE: Children MUST be 3 years old by September 1 to register for Sunday School.**

**Sunday School @ 10am for Pre-School – 5<sup>th</sup> grade children.**

**Wednesday Youth Nights @ 6pm for 6<sup>th</sup> -12<sup>th</sup> grade.**

1) Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name your child uses (if different from above) \_\_\_\_\_

Pronoun use: She/Her      He/Him      They/Them      School Grade \_\_\_\_\_

Baptized: YES    NO      Confirmed: YES    NO

List any health conditions, special needs, family situations or social concerns we should be aware of:

\_\_\_\_\_

2) Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name your child uses (if different from above) \_\_\_\_\_

Pronoun use: She/Her      He/Him      They/Them      School Grade \_\_\_\_\_

Baptized: YES    NO      Confirmed: YES    NO

List any health conditions, special needs, family situations or social concerns we should be aware of:

\_\_\_\_\_

3) Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name your child uses (if different from above) \_\_\_\_\_

Pronoun use: She/Her      He/Him      They/Them      School Grade \_\_\_\_\_

Baptized: YES    NO      Confirmed: YES    NO

List any health conditions, special needs, family situations or social concerns we should be aware of:

\_\_\_\_\_

4) Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name your child uses (if different from above) \_\_\_\_\_

Pronoun use: She/Her      He/Him      They/Them      School Grade \_\_\_\_\_

Baptized: YES    NO      Confirmed: YES    NO

List any health conditions, special needs, family situations or social concerns we should be aware of:

\_\_\_\_\_

***\*Please complete both sides of form\****

## Family Information

Parent(s) or Guardian(s) Names \_\_\_\_\_

Parent(s) or Guardian(s) Phone Number(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Preferred Method of Communication:      E-mail      Text      Other: \_\_\_\_\_

Child(ren) lives with: Mother    Father    Other (List Relationship) \_\_\_\_\_

Additional individuals authorized to pick up your child(ren) \_\_\_\_\_

Name and description of any individual(s) **NOT** authorized to pick up your child(ren) \_\_\_\_\_

## Family Volunteer Opportunities

*Check below if you would consider volunteering, and Children's OR Youth Ministry will contact YOU!*

\_\_\_\_\_ Teacher                      \_\_\_\_\_ Classroom Helper                      \_\_\_\_\_ Event Driver

\_\_\_\_\_ Nursery Sub                      \_\_\_\_\_ Event Helper

## Parental/Guardian Permission

- 1) Buffalo United Methodist Church has my authorization to act in an emergency when I cannot be reached or there will be a delay in my arriving. I understand that all medical costs are the parent/guardian's responsibility. \_\_\_\_\_ (initial)
- 2) My child(ren) has permission to participate in walking field trips throughout the year. Field trips requiring transportation will require individual permission forms. \_\_\_\_\_ (initial)
- 3) I grant permission for my child(ren)'s photo to be taken and/or be video taped. Photos and videos will be used within the program (bulletin boards, teaching materials, etc.) or in promotional materials (newspaper, website, flyers etc.). Photos used for public relations will not identify any child(ren) by name. \_\_\_\_\_ (initial)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

