



CALVARY KIDS & YOUTH ENROLLMENT FORM

This form provides the necessary information to Calvary UMC for attendance and in case of emergencies. Thank you for taking the time to complete. It allows us to serve your child(ren) best.

CHILD(REN)/YOUTH INFORMATION:

Child 1:	First Name:	Last Name:		
	Birthdate:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Street Address:	City, State, Zip:		
	School:	Grade:	Allergies:	
Child 2:	First Name:	Last Name:		
	Birthdate:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	School:	Grade:	Allergies:	
Child 3:	First Name:	Last Name:		
	Birthdate:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	School:	Grade:	Allergies:	

PARENT/GUARDIAN INFORMATION:

Parents/ Guardians:	First & Last Name:	Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____	Phone with area code (for emergencies):
	First & Last Name:	Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____	Phone with area code (for emergencies):
	Email:		

EMERGENCY CONTACT INFORMATION: These people have permission to assume temporary care of your child if a parent/guardian cannot be reached.

Emergency Contact (Other than parent or guardian):	First & Last Name:	Relationship to child:	Phone with area code:
	First & Last Name:	Relationship to child:	Phone with area code:

SEE OTHER SIDE

EMERGENCY CARE RELEASE:

I authorize emergency medical, dental, or hospital services to be rendered to my above mentioned child(ren) upon consent of a Calvary United Methodist Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Calvary United Methodist Church's Calvary KIDS & Youth programs when I (or my emergency contact) am unavailable to give such consent. This authorization shall be effective September

2020 through September 2021

Medical Treatment Info:	Physician Name:	Phone with area code:
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Signature of Parent/Guardian _____/_____/_____
Date

PHOTO RELEASE (CHECK ONE):

_____ I DO GIVE permission for the above mentioned child(ren) to be photographed or videotaped for use in newspapers (photo only, no name), television, bulletin boards, church newsletters, announcements, social media or the church website.

_____ I DO NOT GIVE permission for the above mentioned child(ren) to be photographed or videotaped for use in newspapers (photo only, no name), television, bulletin boards, church newsletters, announcements, social media or the church website.

Signature of Parent/Guardian _____/_____/_____
Date

FOR PARENTS WITH TEENS (CHECK ONE):

_____ I DO GIVE permission for the above mentioned youth to electronically communicate with the Director of Student Ministries & the Director of Christian Education (i.e. texts, emails, etc.).

_____ I DO NOT GIVE permission for the above mentioned youth to electronically communicate with the Director of Student Ministries & the Director of Christian Education (i.e. texts, emails, etc.).

Signature of Parent/Guardian _____/_____/_____
Date

Note: Calvary United Methodist Church participates in the Safe Sanctuary Program. All teachers and assistants provide criminal background and child abuse clearances. In addition, most classrooms are monitored by video cameras in support of your child's safety. For more information on Safe Sanctuary or other items on this form, please contact the Director of Christian Education, Richie Weitzel, christianed.calvmohn@gmail.com.