

CHRISTIAN EDUCATION / YOUTH DEPARTMENT

STUDENT INFORMATION FORM/REGISTRATION FORM

Please complete one form for each child and return it to one of the following:

- Your child's Sunday School teacher
- The church office or on-line
- Lynn Barbeau (Director of Christian Education)
- Niki Briggs (Youth Director)

Date form completed: ___/___/___

Attending (check which are applicable): LOGOS ___ Sunday School ___ Youth Group ___

Child's Name (Last, First): _____ Grade in School: _____

Allergies _____

Date of Birth: ___/___/___

Date of Baptism: ___/___/___

Parent/Guardian (Last, First): _____

Phone numbers: h: ___-___ w: ___-___ ext: ___ c: ___-___

Address: _____

email: _____

Parent/Guardian (Last, First): _____

Phone numbers: h: ___-___ w: ___-___ ext: ___ c: ___-___

Address: _____

email: _____

Additional helpful information?

(nickname, educationally challenged, physical limitations, parents live separately, with which parent the child primarily resides, home schooled, etc.)

Please note that this information is strictly voluntary. Our only interest is to be able to relate to and teach your child in a positive Christian environment.

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Sign the top paragraph if:

You will allow PUMC staff to make medical decisions for your child in the event that you or your agent is not contactable. This also releases PUMC from liability for the medical care.

Sign the bottom paragraph if:

You do not want PUMC staff to make medical decisions for your child in the event that you or your agent is not contactable. This also releases PUMC from liability for the medical care (or lack thereof).

I, the undersigned, am this child's (name) _____ parent or legal guardian. In order for my child to receive necessary medical treatment in the event of injury or illness requiring the attention, skills, treatment, or transport by a medical professional, I hereby authorize the program leader or senior staff member responsible to provide informed consent for such medical care of my child and to provide decisions regarding the care of my child. I understand that I am responsible for any bills incurred as a result. I hereby release those authorized decision-makers, the Portage United Methodist Church (PUMC), the PUMC staff, and adult volunteer leaders, from any and all debts, judgments, or suits of any kind which may result from my child's participation in PUMC events and programs or from any emergency medical treatments authorized by the aforementioned.

Parent/Guardian Signature

Date: _____

I, the undersigned, am this child's (name) _____ parent or legal guardian. **I have refused to sign the above medical treatment authorization.** I understand that, should I refuse signature of this form, implied consent will be used as dictated by law for the emergency medical care of my child should I not be contactable, and that this may not necessarily reflect my wishes regarding my child's care. I hereby release the Portage United Methodist Church (PUMC), the PUMC staff, and adult volunteer leaders, from any and all debts, judgments, or suits of any kind which may result from this decision and from my child's participation in PUMC events and programs.

Parent/Guardian Signature

Date: _____