

FAMILY INFORMATION And CONSENT FORM



Open Doors United
Methodist Church

Spiritual Life Ministries

595 1st Ave. SW | Wells MN 56097 | 507-553-5453

Please list **all** children ages 3 (by Sept. 1, 2018) through grade 12 and what activities they will be taking part in at Open Doors United Methodist Church during the coming year.

Name: _____ Birth Date: _____ Grade in 2018-2019 _____ Allergies, medication, other info: _____ _____ Peanut Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's cell phone no.: _____ Child's email: _____	CHECK ALL THAT APPLY: <input type="checkbox"/> Sunday School <input type="checkbox"/> Acolyte (3-7) <input type="checkbox"/> Cross Bearer (3-12) <input type="checkbox"/> A/V Operator (7-12) <input type="checkbox"/> Usher (family) <input type="checkbox"/> Nursery Attendant (7-12) <input type="checkbox"/> Pioneer Club (1-6) <input type="checkbox"/> Youth Group (7-12) <input type="checkbox"/> Praise Band <input type="checkbox"/> VBS Student (PS-5) <input type="checkbox"/> VBS Helper (6-12) <input type="checkbox"/> SS Teacher/Helper (9-12) <input type="checkbox"/> Other _____	Name: _____ Birth Date: _____ Grade in 2018-2019 _____ Allergies, medication, other info: _____ _____ Peanut Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's cell phone no.: _____ Child's email: _____	CHECK ALL THAT APPLY: <input type="checkbox"/> Sunday School <input type="checkbox"/> Acolyte (3-7) <input type="checkbox"/> Cross Bearer (3-12) <input type="checkbox"/> A/V Operator (7-12) <input type="checkbox"/> Usher (family) <input type="checkbox"/> Nursery Attendant (7-12) <input type="checkbox"/> Pioneer Club (1-6) <input type="checkbox"/> Youth Group (7-12) <input type="checkbox"/> Praise Band <input type="checkbox"/> VBS Student (PS-5) <input type="checkbox"/> VBS Helper (6-12) <input type="checkbox"/> SS Teacher/Helper (9-12) <input type="checkbox"/> Other _____
--	--	--	--

Name: _____ Birth Date: _____ Grade in 2018-2019 _____ Allergies, medication, other info: _____ _____ Peanut Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's cell phone no.: _____ Child's email: _____	CHECK ALL THAT APPLY: <input type="checkbox"/> Sunday School <input type="checkbox"/> Acolyte (3-7) <input type="checkbox"/> Cross Bearer (3-12) <input type="checkbox"/> A/V Operator (7-12) <input type="checkbox"/> Usher (family) <input type="checkbox"/> Nursery Attendant (7-12) <input type="checkbox"/> Pioneer Club (1-6) <input type="checkbox"/> Youth Group (7-12) <input type="checkbox"/> Praise Band <input type="checkbox"/> VBS Student (PS-5) <input type="checkbox"/> VBS Helper (6-12) <input type="checkbox"/> SS Teacher/Helper (9-12) <input type="checkbox"/> Other _____	Name: _____ Birth Date: _____ Grade in 2018-2019 _____ Allergies, medication, other info: _____ _____ Peanut Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's cell phone no.: _____ Child's email: _____	CHECK ALL THAT APPLY: <input type="checkbox"/> Sunday School <input type="checkbox"/> Acolyte (3-7) <input type="checkbox"/> Cross Bearer (3-12) <input type="checkbox"/> A/V Operator (7-12) <input type="checkbox"/> Usher (family) <input type="checkbox"/> Nursery Attendant (7-12) <input type="checkbox"/> Pioneer Club (1-6) <input type="checkbox"/> Youth Group (7-12) <input type="checkbox"/> Praise Band <input type="checkbox"/> VBS Student (PS-5) <input type="checkbox"/> VBS Helper (6-12) <input type="checkbox"/> SS Teacher/Helper (9-12) <input type="checkbox"/> Other _____
--	--	--	--

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Father's Name: _____

Address (if different from above): _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

If parents are not living together, which is the primary home of the children? _____

Child will be picked up by adult.

Person(s) authorized to pick up child other than parents/guardians listed above:

Child will walk/ride bike home.

(See other side)

PARENT/GUARDIAN CONSENT – 2018/2019

I hereby give my permission for my child(ren) to participate in the activities of Open Doors United Methodist Church. My child(ren) has/have my permission to travel by vehicle to and from any trips and/or special events and I understand that all vehicles will be driven by licensed adults from Open Doors UMC. Youth will not be allowed to drive personal vehicles unless permission has been granted in writing by myself and the adult leader of the event or trip. Under no circumstances will youth be allowed to drive other youth.

I hereby release Open Doors United Methodist Church and its agents from any liability for accidents or illness that might occur in connection with any authorized church activities.

I support all that the church asks of the children, as far as appropriate behavior. I have read and understand the Education Ministry Policy (enclosed).

I (select one) DO give permission, or DO NOT give permission for my child(ren)'s image(s) to be used in Open Doors UMC publications, video or web site.

Date: _____ Parent's Signature: _____

**PARENT/GUARDIAN CONSENT TO
EMERGENCY MEDICAL CARE**

I, _____, am the parent or legal guardian of the child(ren) listed below. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby authorize the representatives (teachers, youth leaders) of the Open Doors United Methodist Church (UMC) to act in my behalf in seeking emergency treatment for my child/children: _____.

In the event that such treatment is deemed necessary by the representatives of Open Doors UMC, I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Open Doors UMC from liability in acting on my behalf in this regard so long as Open Doors UMC or their representatives are not grossly negligent. I, or my insurance company, will assume responsibility for all medical charges.

Date: _____ Parent's Signature: _____

If parent or guardian is not available, please call the relative or friend below:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Please return to Open Doors United Methodist Church

By September 23, 2018.

Thank You!

OPEN DOORS UMC EDUCATION MINISTRY POLICY

The intent of this policy is to provide a safe, nurturing Christian learning environment to fulfill the needs of all the youth at Open Doors United Methodist Church. Our hope is to help each student develop a personal relationship with Jesus Christ. We also hope to motivate each student to have an enjoyable learning experience. In the classrooms, certain guidelines and positive behaviors are expected to be followed for everyone's safety and rights to a spiritual education.

In the event that a problem with inappropriate behavior develops, the Education Chairman will provide support to both the child and the teacher.

If a child is continually displaying inappropriate behavior on a weekly basis, the following will occur:

- Step 1** – The teacher should attempt to determine the basic cause of the inappropriate behavior and try at the classroom level to resolve it. The teacher should talk in private, one on one with the student and clearly explain the problem and the behavior modification that needs to take place.
- Step 2** – The teacher will discuss the continued inappropriate behavior with the child and the parent to try and resolve the problem.
- Step 3** – If the child's behavior does not improve, the Education Chairman and pastor will consult with the child and parents on a private basis, permitting the child to remain in the class with the parental supervision, or possible removal from class.

Effective September, 2017

Supersedes August 2014