

Children & Youth Registration Form

For Youth Preschool – 12th Grade

Information about the Youth *(print)*

First Name: _____	Last Name: _____	MI: _____		
Address: _____				
City: _____	State: WI	Zip Code: _____		
Home Phone: _____	Youth's Cell Phone: _____			
Other Phone: _____	Youth's E-mail: _____			
Date of Birth: _____	Gender: _____	Male Female		
Grade: _____	School: _____			
Register For: _____	Sunday School	Kids Konnection	Jr. UMY	Sr. UMY
_____	Summer VBS	Christmas VBS	Easter VBS	Confirmation

Information about Parents/Guardians *(print)*

Father's Name: _____	Mother's Name: _____		
Father's Cell Phone: _____	Mother's Cell Phone: _____		
Father's E-mail: _____	Mother's E-mail: _____		
Father's Work Phone: _____	Mother's Work Phone: _____		
Father's address is the same as the Youths'? Mother's address is the same as the Youths?			
_____ Yes	_____ No	_____ Yes	_____ No

Fill in below ONLY if one of the above answers is NO

Alternate Address: _____		
Alternate City: _____	Alternate State: _____	Alternate Zip _____
Alternate Home Phone: _____		

Fill in below only if needed

Guardian's Name: _____			
The Guardian is: _____ Step-Mom	_____ Step-Dad	_____ Relative	_____ Court Appointed
Guardian's Cell Phone: _____			
Guardian's E-mail: _____			
Guardian's Work Phone: _____			
Guardian's address is the same as the Youths? _____ Yes	_____ No		

Fill in below ONLY if the above anser is NO

Alternate Address: _____		
Alternate City: _____	Alternate Zip: _____	Alternate State: _____
Alternate Home Phone: _____		

FAUMC Staff Only

Date Received: _____ Initials: _____ Class of: _____ Updated: _____

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Medical/Emergency Information

Insurance Companies Name: _____
Name of Insured: _____ Group Number: _____
Pre-Authorization Phone: _____ ID Number: _____
Doctors Name: _____ Pharmacy Number: _____
Doctors Phone: _____ Other Number: _____
Allergies the Youth has: _____

Medications Youth can NOT take: _____

Medications currently being taken: _____

Special dietary needs: _____

List ALL diagnosis the Youth has: _____

Copy of Primary Medical Insurance Card: *(Both sides)*

Side 1 of Medical
Insurance Card Here
*Only Needed if Youth is
in 6th Grade to 12th Grade*

Side 2 of Medical
insurance Card Here
*Only Needed if Youth is
in 6th Grade to 12th Grade.*

Parental Acknowledgement & Agreement

I/We give permission for my son/daughter to be an active participant in Fifth Avenue United Methodist Church's programs for youth and children. I/We agree to save harmless any of the adult leaders, Fifth Avenue United Methodist Church, The United Methodist Church, and any event locations in the event of injury or sickness. In the event that I/we can not be reached, I/we give permission for the adult leaders to authorize any emergency medical treatment for my son/daughter as necessary. I/We understand that transportation for the group from Fifth Avenue United Methodist Church during an event will be provided by adult drivers (age 21 or older) using their privately-owned vehicle(s) or rented vehicle(s) and I/We give permission for my son/daughter to ride with the adult volunteer driver(s) in these vehicle(s) for that event, I/We also give permission to take and use photos of my son/daughter as participants of an event and that we may disclose their names and city and state only, with the exception of medical or law enforcement agencies. I/We also give permission for Fifth Avenue United Methodist Church and the adult leaders to contact my son/daughter using the phone, e-mail or the Post Office. I/We also understand it is my responsibility to keep this information current for the safety of my son/daughter and will update the church as the information changes.

Parent or Guardian Signature: _____ Date: _____

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Side 2

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