



Sunday School begins September 9th!

We are excited to begin another year of activities with our youth! We will have three Sunday school classes for kids in Preschool through 12th grade.

Wonderful Wednesday begins September 12th!

Wonderful Wednesday are going to be filled with lots of fun activities and Ministries this year! Join us for a free dinner that begins at 6:00 PM with classes and activities for kids in K-12th grade from 6:30-7:30.

Hand Chimes starting soon!

Our hand chimes choir is open to kids in 2nd – 12 grade, as well as any adults. Practices will be held on Wednesday nights from 7:30-8:30 PM. This is a group activity, and each member is important and dearly missed if gone. Therefore, great attendance to practices is recommended.



Sunday School (SS), Wonderful Wednesday (WW) and Hand Chimes Registration Form

			SS	WW	Chimes
Child's name: _____	Birthday: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's name: _____	Birthday: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's name: _____	Birthday: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's name: _____	Birthday: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child has an allergy, please write their name and list the allergy here: _____

Emergency Contact Information:

Parent Name: _____ Primary Phone: _____

Cell phone: _____ Texting? Yes / No

Home address: _____

Email address: _____



Eldridge United Methodist Church

604 S. Second Street
Office: (563) 285-4314

Eldridge, Iowa 52748
www.eldridgeumc.org

Parental Consent and Medical Authorization

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____
Street/Apt # City State Zip code

Home phone: _____ Cell phone: _____

As the parent (or legal guardian) of _____, I understand that he/she will be participating in a number of activities for the calendar year 20____, which carry with them a certain degree of risk. Some of these activities include swimming, hiking, roller skating, skiing, retreats, lock-ins, mission trips and other activities which the Eldridge United Methodist Church may offer. I consent for my child to participate in these activities. _____

Please indicate any restrictions of your child's/youth's activities by signing your initials on the appropriate line(s) below:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child/youth to travel to and from these events in transportation provided by the volunteer drivers.

_____ I will provide transportation for my child/youth to and from these events.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Eldridge United Methodist Church will attempt to notify me in case of a medical emergency involving my child/youth. If the Eldridge United Methodist Church cannot reach me, then I authorize the Eldridge United Methodist Church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the Eldridge United Methodist Church if I feel there are any health considerations that would prevent my child's/youth's participation in any of the activities listed above.

Please list known allergies or other health considerations: _____

If you have medical insurance, please indicate the provider and policy number below.

Insurance Company: _____ Policy/Group # _____

Signature of parent/Guardian Date: _____



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Release Form for Video and Photos

Dear Parent/Guardian:

As a means to promote growth in our youth ministry at Eldridge United Methodist church, some photos or small videos of your child participating in youth classes and events may be taken and posted in Sunday worship, or on our church website. No child's name will appear with any materials displayed or posted. The form below will be used to document your permission for these activities.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

I am the parent/legal guardian of the child(ren) named above. I agree to the following:

Please check the appropriate box:

- I DO** give my permission to you to include my child(ren)'s image on video or photos as he or she participates in activities at Eldridge United Methodist Church. No names will appear on any material displayed or posted.

- I DO NOT** give my permission to you to include my child(ren)'s image on video or photos as he or she participates in activities at Eldridge United Methodist Church. No names will appear on any material displayed or posted.

Signature of Parent/Guardian: _____ Date: _____