



FIRST UNITED METHODIST
Gonzales

Children's Ministry Program Registration Form

Participant's Name: _____

Gender: Male / Female Address: _____

Date of Birth: _____ Grade: _____ School: _____

Home Church: _____

Family Contact Information

Primary Contact: _____

Address (if different from above): _____

Relationship: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Secondary Contact: _____

Relationship: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Additional Persons Authorized to pick up Student

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Children's Ministry at First United Methodist Church
426 Saint Paul St. Gonzales, Texas 78629
Allison Davis 830-672-8521 or 830-857-3402

Registration Fee: \$ 70 for the year Paid: \$ _____ Cash / Check # _____



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Children's Ministry Program Registration Form Continued

Emergency Contact Information

If Parent(s)/Guardian(s) cannot be contacted, name of additional person to contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Are there any special medical needs or allergies? (Specify) _____

Are there any required medications or special foods? (Specify) _____

Insurance Information

Health Insurance Company: _____

Full name of Insured: _____

Policy ID Number: _____ Group ID: Number: _____

****Required** A front and back copy of the health insurance card must be attached**

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Children's Permission, Release and Medical Consent Form

I, the undersigned parent or guardian, do hereby attest that all the information on this form concerning _____ (name of child) is the most current available for my child (the "Participant"). I give my permission for the Participant to participate in the activities of *First United Methodist Church Gonzales*. This includes all sponsored activities on or off the premises of *First United Methodist Church Gonzales*, including any and all activities involving travel and/or lodging.

I hereby authorize *First United Methodist Church Gonzales* staff to administer the medications as listed above. In order for my child to receive necessary medical treatment from medical staff and/or physicians in a medical clinic or hospital in case of illness or injury, I hereby consent to and authorize the ministry staff to obtain and consent to medical treatment for such illness or injury during the activity or activities of *First United Methodist Church Gonzales*. It is understood that this authorization and consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of the Participant, in my absence, and medical staff to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. I understand that any and all medical expenses incurred are my responsibility.

I hereby give my permission for the Participant to be transported in any vehicle operated by any ministry leader designated by *First United Methodist Church Gonzales*, and in whose care the Participant has been entrusted while attending and participating in an activity or activities of *First United Methodist Church Gonzales*.

In consideration of *First United Methodist Church Gonzales* here allowing my child to participate in activities referenced above, I agree to release and hold harmless *First United Methodist Church Gonzales*, its officers, agents and/or designated leadership, from any liability to or responsibility for bodily injury, damage or illness to my child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by *First United Methodist Church Gonzales*. Further, I agree to indemnify and hold harmless *First United Methodist Church Gonzales*, its officers, agents and/or designated leadership with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

Parent/Guardian Signature: _____ Date: _____

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Children's Ministry Program Covenant of Behavior

We are all children of God and we are to treat everyone as a Child of God.

Your signatures below indicate agreement and acceptance of the following Covenant of Behavior for Pioneer Club and other church related activities.

The church is a safe, loving environment and welcomes everyone. To accomplish this, we do have rules of behavior and discipline:

1. I agree to respect the physical and emotional well-being of other children, youth, and adults. This means that kind words will be spoken at all times. Teasing, bullying, drama, or gossip will not be allowed and hands/feet will be kept to one self.
2. I will respect the property of church and other people.
3. I will respect my teachers and peers; cooperate and apply myself to the lesson. My behavior in class will not interfere with the lessons during class time.
4. I will be responsible for my own behavior and participate fully in all scheduled activities of Pioneer Club and abide by group decisions made during Pioneer Club events.
5. I will silence my cell phone or any other electronic devices and put them away at the start of class time. Cell phone usage is not allowed during class time.

Along with following rules of behavior, discipline will be followed when unacceptable behavior is encountered. Discipline is teaching, through experience, how to have self-control, self-reliance, self-esteem, and orderly conduct. It is assuming responsibility for actions and making decisions about behavior.

If I should not act according to the rules of behavior for any church activity the following action will be taken:

1. I will be told what the behavior was, asked not to repeat the behavior and to correct my behavior.
2. If the behavior is repeated, I will be removed from the group by an adult and taken to the Director or Pastor. The situation will be discussed. I will be allowed to return to my group.
3. If behavior is repeated a third time, an adult will remove me from the group and find the Director or Pastor. The Director or Pastor will call my parents and inform them of the situation or speak to my parents when they arrive to pick me up. If deemed necessary, parents will be asked assist with class the following week. (If the Director or Pastor is unavailable, an adult volunteer will call the parents.)

The following week you are welcomed back to class with a fresh new start! All will be forgiven!

Christ forgives us of our wrongdoings. Christ tells us to forgive others and to ask for forgiveness for ourselves. Christ tells us to change our behavior and be more like him. Christ wants us to pattern our lives after Him, to see Christ in us through our actions, behavior, words, and love for each other.

Parent: _____ Child: _____



Transportation Permission Form

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Participant's Name: _____

Last Period Teacher: _____ Grade: _____

Contact Information

Primary Contact:

Name: _____

Cell: _____

Alt #: _____

Secondary Contact:

Name: _____

Cell: _____

Alt #: _____

Van Pick-Up Location (mark one)

- Gonzales Primary Academy
- East Avenue
- Gonzales Elementary
- North Avenue

I, _____, parent or guardian, give permission for a representative of the First United Methodist Church to pick up my child, _____, from GISD schools. I understand that if my child is not riding the van or is seeking alternate transportation on any planned activity day that I am responsible for notifying the church representative responsible for my child.

Parent Name: _____ Signature: _____ Date: _____

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