



Chelsea First
United Methodist Church

Children & Youth Registration Form

Child's Name:
Address:
Birthdate: Age: Grade:
Phone:
Allergies:
Regular Medications:
Other information or special circumstances:
The following person(s) have permission to pick up my child(ren) from class:

Family/Caregiver Info	Name	Relationship to Child	Cell Phone
Primary Caregiver 1			
Primary Caregiver 2			
Emergency Contact (if caregivers unavailable)			

Preferred email(s) for communications about events and scheduling: _____

Photograph/Video Release:

According to CFUMC's Digital Communication Policy no identifying information, including names, will be posted alongside a child's image.

- I authorize Chelsea First United Methodist Church (CFUMC) to use photos, videos, and other images of my child for whom I have legal guardianship which may be used for promotional materials or posted on the CFUMC website and social media pages. Such images will not be sold to other parties.
- I do not authorize CFUMC to use photos, videos, or other images my children.

Communication by Social Media, E-Mail, and Texting Waiver:

- I authorize CFUMC staff and/or volunteers to communicate with my child for whom I have legal guardianship by methods of social media, email, and/or texting.
- I do not authorize CFUMC staff and/or volunteers to communicate with my child for whom I have legal guardianship by methods of social media, email, and/or texting.

Signature _____

Date _____