

# **BLAST Children's Ministry Registration**

Please complete this form for *each child* participating in children's ministry.

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

Custodial Parent(s) / Guardian(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone Carrier: \_\_\_\_\_  
(needed for urgent texting features in our children's check-in system)

Email Address: \_\_\_\_\_

Home Address: (If Different from Child): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship To Participant: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

List any court-appointed restrictions: \_\_\_\_\_

Those authorized to pick up my child are:  
(Must list first/last name & relationship to you)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **Medical Information**

*Please complete this form so leaders can be aware of your child's health needs.*

Child's Name: \_\_\_\_\_

Does child have any Allergies: Please list.

_____	_____
_____	_____
_____	_____

Does child have any condition that would prevent him/her from participating in any of the activities of this program?

Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Does child take any prescription medications? If so please list.

_____	_____
_____	_____

Please indicate anything else that the caregivers should know about your child:

_____
_____
_____

(Nursery-age children) Is there anything that is especially comforting to your child, ex. favorite blanket, song, pacifier, story, particular way of being held, etc.?

_____
_____
_____

## **Authorization**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

## **Media Release Form**

Trinity United Methodist Church  
8595 Westmorland Rd,  
Whitesboro, NY 13492  
315-736-7233

\_\_\_\_\_ I give permission for my child to be photographed and/or videotaped during church activities in which my child's image may appear in print or online promoting the church's activities, including the church's website, promotional brochures, worship presentations, the church's YouTube channel and the church's Facebook page.

I understand that my child's name or any personal details will not be used to identify my child. This permission form will be kept on file in the church office. If I would like to withdraw my permission, I may do so at anytime.

\_\_\_\_\_ I do not wish to have my child photographed or videotaped during church activities or events.

Parent/Guardian: \_\_\_\_\_  
(printed)

Parent/Guardian: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_