



# KIDS CONNECT REGISTRATION

The information inside of this box needs to be completed for a child to participate in Kids Connect

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Guardian/ Parent Name(s) \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Cell # \_\_\_\_\_ Does this phone receive texts? Yes No Home # \_\_\_\_\_

**++WE WILL SEND YOU A TEXT IF YOU ARE NEEDED DURING A KIDS CONENCT PROGRAM++**

## Medical Permission Release Form

I give permission for (child's full name) \_\_\_\_\_ to receive emergency medical care. I authorize the Williamsville United Methodist Church adult representatives to administer and/or obtain medical care, which at their discretion is deemed necessary, on behalf of above named child. I understand I am solely responsible for all costs related to medical care obtained on my behalf of above named child. I hereby release Williamsville United Methodist Church, its staff, and its representatives from any and all liability in connection with above named student's participation in Kids Connect programs and its related activities.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Does child have any allergies? Yes No

Does child have any medical conditions? Yes No

Does child have any special needs? Yes No

If yes, please explain \_\_\_\_\_

**In the event of an emergency and you are unable to reach me, I give permission for you to contact:**

Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone # \_\_\_\_\_ Does this contact have permission to sign this child out? Yes No

**Pictures are often taken in in our classrooms. May this child be in photos for the following purposes?**

- For classroom & teacher use? (attendance, crafts, etc.) Yes No
- For the prayer partners who pray for our students? Yes No
- For ministry use? (church newsletter, web presence) Yes No

**Do you give this child permission to sign in/out of Kids Connect without you? (6th-12th grade only)**

- Student may sign themselves in Kids Connect Yes No Initial \_\_\_\_\_
- Student may sign themselves out of Kids Connect Yes No Initial \_\_\_\_\_

**Please check here if you would like to include any additional information on the back of this form**

We encourage families to participate in Kids Connect when possible. Please check all that apply

I'm willing to assist  Regularly  Monthly  Occasionally  As Needed

- Be a classroom teacher  Be a substitute teacher  Assist in a classroom/ group
- Read/ share with a class/ group  Assist during seasonal activities  Share a skill/ talent with a class/ group
- Setup/ cleanup during events  Assist children during events  Provide class/ event snacks