

First United Methodist Church-Rockport
Family Registration Form



Family Information:

Parent or Guardian Name(s): _____

Family E-Mail Address: _____

Address _____

City, State, Zip: _____

Phone1: _____ (name: _____)

Phone2: _____ (name: _____)

Name on Facebook: _____

I prefer to be contacted by: Text to: _____ Email Phone Call Facebook message

Share with us any family concerns
or special requests regarding your
child(ren) that will help us best
serve your family: _____

Child #1

Full name: _____ Preferred name: _____ Male / Female

Birthdate: _____ Grade: _____ School _____

Allergies / Special Needs / Medical information: _____

Nursery Acolyte (9+ yrs) Family Sunday School (all ages welcome)

Child #2

Full name: _____ Preferred name: _____ Male / Female

Birthdate: _____ Grade: _____ School _____

Allergies / Special Needs / Medical information: _____

Nursery Acolyte (9+ yrs) Family Sunday School (all ages welcome)

Child #3

Full name: _____ Preferred name: _____ Male / Female

Birthdate: _____ Grade: _____ School _____

Allergies / Special Needs / Medical information: _____

Nursery Acolyte (9+ yrs) Family Sunday School (all ages welcome)

Child #4

Full name: _____ Preferred name: _____ Male / Female

Birthdate: _____ Grade: _____ School _____

Allergies / Special Needs / Medical information: _____

Nursery Acolyte (9+ yrs) Family Sunday School (all ages welcome)

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PHOTO RELEASE:

By completing this form, I GIVE DO NOT GIVE First United Methodist Church permission to share my child(ren)'s birthdate(s) (day and month only) as well as photos of my child(ren) taken at church events on church communications such as monthly newsletter, church Facebook page, etc.

EMERGENCY TREATMENT:

In the event of an illness or accident that requires immediate medical treatment to (list all children's' names) _____ at a time when a parent cannot be located, I give permission for an approved representative of First United Methodist Church to authorize such treatment. I will not hold the church or medical personnel responsible. In signing this I understand that every attempt will be made to contact the child's parents / legal guardian, physician, or other persons listed for emergency contact.

Date: _____

Parent Name: _____

Parent Signature: _____

Physician: _____

Phone: _____

Other persons who may be notified if parents / legal guardians cannot be contacted:

Name

Phone

**All are invited to share the gifts God has given you
in the area of Family and Children's Ministries**

Please check where you would like to serve!

- *Nursery Volunteer on Sundays ___ 8:00-9:00am ___ 9:00-10:30am ___ 10:30-11:30am
- *Family Sunday School helper (Sundays, 9:15-10:15am)
- Help plan and organize family events
- Administrative tasks
- Serve on Family Ministries Team
- Other _____

*All persons who volunteer to work with children must submit a volunteer application, clear a background check, and complete the required Safe Sanctuaries training.

Date: _____

Parent Signature: _____

For questions, concerns, or additional information, contact Stefany Simmons, Director of Family Ministries at 361-729-1659 x2575 or ssimmons@fumcrookport.org.

Please return completed form to: Stefany Simmons, First United Methodist Church, PO Box 1045, Rockport, TX 78381