

**Fifth Avenue United Methodist Church**  
**Sunday School Registration**

2020/2021

Please return form by **October 30<sup>th</sup>** to the Church Office at 323 S. Fifth Ave., West Bend, WI 53095. (Additional forms available at church).

Child's Name (first, m, last): \_\_\_\_\_

Age: \_\_\_\_\_ Grade child will be in: \_\_\_\_\_ Birth Date (Month/Day/Year): \_\_\_\_\_

Allergies or other medical condition: \_\_\_\_\_

\_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is it acceptable to post the child picture on the Web, on either the Church Website or Facebook?  
YES NO (Please circle one) **Names will not be placed anywhere on the website(s).**

Special Notes or Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELEASE FORM:** The undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of said child in all of the activities of Sunday School at Fifth Avenue United Methodist Church. I/We understand that the church will notify a parent or guardian in case of a medical emergency involving said child; however, in the even a parent or guardian cannot be reached, the church is expressly directed and authorized to seek necessary medical attention and serves on behalf of said child in the event said child is injured or becomes ill, including, but not limited to medical or surgical care, including diagnosis and treatment to be rendered to him/her by a licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader/sponsor of the children ministries of Fifth Avenue United Methodist Church, West Bend, Wisconsin. The undersigned assumes full financial responsibility of such care, including prescribed medications and transportation by ambulance and agrees to make full payment for same upon receipt of statement of fees. I/We do hereby for a good and valuable consideration, agree to indemnify and hold harmless Fifth Avenue United Methodist Church, West Bend, Wisconsin, staff and sponsors from any and all actions, claims demands, suits or other liabilities which may result from the above named minor's involvement in Sunday School as stated above.

Signature or Parent/Guardian: \_\_\_\_\_

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