

Friendship United Methodist Church  
**MINISTRY REGISTRATION FORM**

Family Last Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (indicate person): \_\_\_\_\_ Cell (indicate person): \_\_\_\_\_

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

**Adults:**

Adult's Name	Desired Class (Women's Ministry, Sr. Lunch, Wednesday Study, Following Jesus)
1.	
2.	

**Children and Youth:** *Please indicate any allergies, including food/epi-pen info.*

Child's Name	Birth Date	Age	Grade	Gender	Baptized? Y/N
1.					
Allergies/Special Needs					

**Sunday School (10am Sundays)**

☐ Nursery 10:00am

☐ Middle School

☐ Bible Retreat

☐ Ages 3-5th Grade

**Youth**

☐ Confirmation

☐ The Foundry (Jr. & Sr. High)

Child's Name	Birth Date	Age	Grade	Gender	Baptized? Y/N
2.					
Allergies/Special Needs					

**Sunday School (10am Sundays)**

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**Youth**

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Child's Name	Birth Date	Age	Grade	Gender	Baptized? Y/N
3.					
Allergies/Special Needs					

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Please see other side: \_\_\_\_\_

Child's Name	Birth Date	Age	Grade	Gender	Baptized? Y/N
4.					
Allergies/Special Needs					

### Sunday School (10am Sundays)

### Youth

☐ Nursery 10:00am

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## PARENTAL PERMISSION AND RELEASE

- I give permission for my child(ren) to participate in Friendship United Methodist Church (FUMC) programs and ministries. I give consent for my child(ren) to travel to and from events being organized by Friendship United Methodist Church with a qualified (according to the Safe Sanctuaries Policy) driver.
- I authorize the FUMC staff and/or adult volunteers to give consent for any necessary care for my child(ren) while in their care and the parents/guardians cannot be reached. I also agree to pay for all of the costs and fees contingent on any emergency medical treatment for my child(ren) as secured and authorized under this consent. I understand there are inherent risks involved in any ministry event, and I release FUMC, and all of its agents from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child(ren)'s involvement and related medical treatment.
- I agree that FUMC shall have the right to use the image and likeness of my child(ren) for FUMC's website and for any other materials used for FUMC's promotional purposes. The names of minors will NOT be used with corresponding images.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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630.972.1011  
friendshipchurchumc.org