

**First United Methodist Church of Winter Garden
Family Information Sheet**

Today's Date _____ Date to Join _____

Name(s): _____

Mailing Address: _____

Seasonal Address: (please indicate dates you will be out of this area) _____

Contact Information:

Home Phone _____ Work _____ Cell _____

Home Phone _____ Work _____ Cell _____

Email _____ Email _____

Employer(s) _____ Occupation(s) _____

Employer(s) _____ Occupation(s) _____

Birthdates: _____

Marital Status: _____ Anniversary Date: _____

Family Members:

Name	Birth Date	Baptismal Date	Confirmation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Former Church Information

Name of Church _____

Address _____

Positions served in _____

Were you... (circle all that apply)

Baptized _____ Confirmed _____ Confession of Faith _____ Transfer _____

I would like to serve First United Methodist of Winter Garden in the following ways:

Special Needs or Concerns: _____

(For Office Use Only)

Member Status _____ Membership Code _____

Method of Joining _____ Membership Date _____

Envelope Number _____ Membership Number _____



PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____
Street/Apt Number City Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____
Notary Stamp/Seal, Date and Signature _____

Appendix IX

Photo Permission

Photo Permission FOR CHILDREN, YOUTH and ADULTS
OF the First UNITED METHODIST CHURCH of Winter Garden, Inc.
125 North Lakeview Avenue
Winter Garden, Florida 34787

- I give permission for still or video pictures of my child to be used for promotional purposes.
- I do not give permission for still or video pictures of my child to be used for promotional purposes.

Signature of **PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH (if under 18 years of age)**

- I give permission for still or video pictures of myself to be used for promotional purposes.
- I do not give permission for still or video pictures of myself to be used for promotional purposes.

Signature of **ADULT (if 18 years of age or older)**

Appendix X

Consent Form for Electronic Communications with Children/Youth
The First UNITED METHODIST CHURCH of Winter Garden, Inc.
125 North Lakeview Avenue
Winter Garden, Florida 34787

My child, _____ ("Participant"), has my permission to receive communications from _____ UMC's Director of Children/Youth Ministry/Director of Children's Choirs or [other designated leader of specific children's/youth activities or programs] [circle all that apply]

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church's social media accounts, or other electronic means.

Please note: By providing the email address and/or cell phone number of a minor Participant, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regards to all group activities in which Participant participates.

Participant's e-mail: _____

Participant's cell phone: _____

I do/do not [circle] insist that I be copied on all emails.

I do/do not [circle] insist that I be copied on all texts or messaging.

I do/do not [circle] insist that those permitted to communicate with my child become my friend on Facebook before communicating with my child.

I further understand that Children and Youth Ministries will use the Internet as an aid in teaching lessons during Sunday School, Children's Church, Kids 4 Christ, and Living Light. All computers accessible to Children and Youth have parental controls in place.

I understand it is my responsibility to update the information below if it changes.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian E-Mail: _____

Parent/Guardian Facebook Name: _____

Date: _____