



TRINITY UNITED METHODIST CHURCH

213 Main Street • Hackettstown, NJ 07840

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Frank L. Fowler III, Ph.D.
Pastor

Donald R. Gebhard, M.Div.
Associate Pastor

Jennifer Smith Walz, M.Div.
Associate Pastor

CHURCH SCHOOL REGISTRATION FORM

Name: _____ Date: _____

Nickname used at home: _____ Male ___ Female ___

Street Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Birth Date: _____ Grade: _____

Mom/Guardian Name: _____ Cell#: _____

Dad/Guardian Name: _____ Cell#: _____

Mom/Guardian Email _____ Dad/Guardian Email _____

Name of Brothers/Sisters in Church School: _____

Medical/Educational/Social/Emotional Issues that you feel the teacher should know (ie. Allergies, Medications, etc.)

If we cannot contact a parent in case of an emergency, name a friend or relative who should be called if your child becomes ill during Church School:

Name: _____ Phone: _____

Name: _____ Phone: _____

CHURCH SCHOOL REGISTRATION FORM CONTINUES ON BACK OF PAPER. PLEASE TURN OVER AND PROVIDE ADDITIONAL INFORMATION. THANK YOU.

In case of an EMERGENCY, our procedure will be to contact the parent first, then the designated emergency contacts. When this is not possible, we will contact your physician, or call 911, whichever is appropriate.

Attending Physician: _____ Phone#: _____

Although the recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case, the judgment of the person in charge will prevail. In addition, anytime the registration information must be changed or added to, I will notify the church school in writing.

Name of Parent or Guardian: _____
(Please print)

Signature of Parent or Guardian: _____

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Throughout the course of church activities (including Church School) sometimes photos and videos are taken. We respect the privacy of all individuals, and for that reason, we ask that you please complete the following photo release consent for your child.

By signing this photo release form, I give Trinity United Methodist Church, Hackettstown, NJ, permission to use my child's photos as indicated below.

1. Do you grant permission for photos/videos to be taken of your child to be used within the worship context (i.e. Children's Sunday worship)?

Yes: _____ No: _____

2. Do you grant permission for photos/videos to be taken of your child to be used for publications, promotional purposes, media press releases, bulletin boards and other such purposes on behalf of Trinity Church?

Yes: _____ No: _____

3. Do you grant permission for photos/videos of your child to be posted on Trinity's website?

Yes: _____ No: _____

4. Do you grant permission for photos/videos of your child to be posted on Trinity's Facebook page?

Yes: _____ No: _____

Signature of Parent or Guardian: _____