



Westlake United Methodist Church

2025-2026 WUMC Kid's & Youth Ministry Registration

Please tell us about your child(ren) so we can help them grow in their faith and mature in body, mind, and spirit.

PARENT/ GUARDIAN #1

First Name: _____ Last Name: _____

Cell Phone Number: _____ Email Address: _____

Street Address: _____ Zip: _____

PARENT/ GUARDIAN #2

First Name: _____ Last Name: _____

Cell Phone Number: _____ Email Address: _____

Street Address: _____ Zip: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIANS)

First Name: _____ Last Name: _____

Phone Number: _____

Relationship to child: _____

Register Children who will be participating with WUMC in our Christian Education programs throughout the school year. Once you have listed all your children, skip to section on Media Releases.

CHILD #1 NAME: _____

Birth Date (MM/DD/YYYY): _____ Grade or age in Fall: _____

Please list your child's hobbies or interests _____

Allergies, Medical Conditions, and/or Accommodations (504/IEP relevant information). Note this information is shared only with teachers and classroom assistants to help provide safe and productive learning environments for all.

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CHILD #2 NAME: _____

Birth Date (MM/DD/YYYY): _____ Grade or age in Fall: _____

Please list your child's hobbies or interests _____

Allergies, Medical Conditions, and/or Accommodations (504/IEP relevant information). Note this information is shared only with teachers and classroom assistants to help provide safe and productive learning environments for all.

CHILD #3 NAME: _____

Birth Date (MM/DD/YYYY): _____ Grade or age in Fall: _____

Please list your child's hobbies or interests _____

Allergies, Medical Conditions, and/or Accommodations (504/IEP relevant information). Note this information is shared only with teachers and classroom assistants to help provide safe and productive learning environments for all.

CHILD #4 NAME: _____

Birth Date (MM/DD/YYYY): _____ Grade or age in Fall: _____

Please list your child's hobbies or interests _____

Allergies, Medical Conditions, and/or Accommodations (504/IEP relevant information). Note this information is shared only with teachers and classroom assistants to help provide safe and productive learning environments for all.

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MEDIA RELEASES

I permit WUMC to use pictures of my child(ren) in internal and external media including but not limited to bulletin boards, WUMC's social media, and WUMC's webpage.(childrens names are not used)

Yes No Other: _____

I understand that WUMC is live streaming the 10am worship service (live video feed of church service and then archive on website). I understand that during children's moment, children's choir performance or other related times when children gather near the altar that my child(ren) may be visible on the live stream.

Yes

SERVING IN CHILDREN &/OR YOUTH MINISTRIES?

Please consider how you can serve in building faith in kids and youth this year. Check all that apply

Teach Sunday School (don't worry there's help to make this a fun & rewarding experience)

Sunday morning helper in Nursery, Toddler & PreK and/or Elementary classroom.

Indicate which room here: _____

Confirmation on Sunday afternoon

Organize supply room (quarterly)

Prep materials as needed

Helper at special events (like holiday parties, mission activities)

Driver for Youth Events

Donate treats / drinks for special events

Decorate bulletin boards / hang projects

Adopt the Friends & Family Library for a month (loan stuffies, games, and straighten up during the month)

Take candid photos at events

Join new team on Parent Support Programming building on Dr. Tony DiBiasio's "Seen" series from last year

Have a youth interested in serving in Kids Ministry. List Name and Grade:

Other: _____