

# Children & Youth Registration Form

Required for All Children & Youth | Date Completed \_\_\_\_\_



## Instructions:

Please complete this form so that we have the latest health, safety, and personal information on file for all of our children & youth. It also ensures we can create updated class lists with names, authorized pick-ups, and allergy/health information.

If you have multiple children/youth who will be participating in Trinity programming this calendar year, please complete a form for each of them to ensure we have all the applicable data for each child/youth in our records.

We appreciate you taking the time to share your child/youth's information with us! If you have questions about this registration form, contact Laura Johns (Director of Discipleship) at [LJohns@grtunc.org](mailto:LJohns@grtunc.org) or 616-456-7168.

## Child / Youth Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Name of School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Tell us a little about your child/youth: interests, extra-curricular activities, favorite subjects, etc. This will help us as we seek to create programming that meets the needs of all of our Trinity friends!

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## Child / Youth Contact Information

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Trinity's updated Protection Policy includes a new Digital Communication Policy. It states that Trinity Staff and Authorized Volunteers will not contact children (grades 5th & under) directly via any digital medium. All digital communication with children will be through their grown-ups. For youth (grades 6th to 12th), parents or guardians and their youth are required to complete a Youth Communication Consent Form that grants Trinity permission to contact youth directly before youth may be contacted via phone, email, instant messaging apps like Remind, or social media. If you would like Trinity to be able to communicate digitally with your youth, please complete that form and submit it along with this Children & Youth Registration Form.

For youth (grades 6th-12th), may we contact them directly? No ☐ Yes ☐ Additional Consent Form Required

Cell Phone (if applicable): \_\_\_\_\_ No Phone: ☐

Email Address (if applicable): \_\_\_\_\_ No Email: ☐

Sign up my youth (grades 6th-12th only) for the Youth Remind group? Yes ☐ No ☐

The Youth Remind group is one way Trinity Staff or Authorized Volunteers may communicate with youth who have a completed Youth Communication Consent Form on file. Please note - your youth does not have to opt into Remind or any digital messages from Trinity to have the full Trinity Youth Group experience.

## Parent / Guardian Contact Information

Parent/Guardian Full Name (1): \_\_\_\_\_

Email (1): \_\_\_\_\_ Phone Number (1): \_\_\_\_\_

Parent/Guardian Full Name (2): \_\_\_\_\_

Email (2): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_

Additional Parents/Guardians: \_\_\_\_\_

## Emergency Contacts

For a majority of the programming that takes place at Trinity United Methodist Church, best practice is that parents/guardians of children/youth under age 16 will stay on-site unless other arrangements are made directly with Trinity staff. This includes Sunday morning services & faith formation classes as well as Thursday night music rehearsals. If you intend to leave the building during programming, please communicate your plans to staff & volunteers so they know how best to reach you in case of emergency or behavioral issue. Please note that in case of an emergency, every effort will be made to contact a parent or guardian before treatment is given.

From the last page, who should we contact in an emergency? Please check all that apply.

☐ Parent/Guardian (1)    ☐ Parent/Guardian (2)    ☐ Additional Parents/Guardians \_\_\_\_\_

Please list at least 1 additional emergency contact below:

Emergency Contact Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Authorized Pick-Ups

Children in 5th grade and under classrooms need to be picked-up from all classes by a parent/guardian or authorized pick-up. Youth in 6th-12th grade classrooms will be released from classes without a parent/guardian or authorized pick-up. That said, the best practice referenced above is that for all children/youth under age 16, a parent/guardian will be on-site during programming. As such, no one under age 16 should be leaving the church property without a grown-up.

Who is authorized to pick-up your child/youth?

☐ Parent/Guardian (1)    ☐ Other: \_\_\_\_\_  
☐ Parent/Guardian (2)    ☐ Other: \_\_\_\_\_  
☐ Emergency Contact    ☐ Other: \_\_\_\_\_

Is there any custodial information that we should be aware of? \_\_\_\_\_

## Information Sharing with Adults

Who should receive information (health, behavior, etc.) about this child/youth? Check all boxes that apply.

☐ Parent/Guardian (1)    ☐ Other: \_\_\_\_\_  
☐ Parent/Guardian (2)    ☐ Other: \_\_\_\_\_

Who should receive information about programming at Trinity? Check all boxes that apply.

☐ Parent/Guardian (1)    ☐ Other: \_\_\_\_\_  
☐ Parent/Guardian (2)    ☐ Other: \_\_\_\_\_

This year we'll be continuing to use Remind to send text alerts about Discipleship programming at Trinity. Depending on the age group, you can expect somewhere between 3-4 messages a month. These will typically be reminders about special programs, registration deadlines, etc. Please use the links below to connect with the groups that apply to your child/youth or check the box next to the group name and we'll send a Remind invitation directly to your phone.

Sign me up for the below Remind groups! Check all boxes that apply.

- ☐ For Parents of Children (PreK to 5th Grade) <https://www.remind.com/join/prek2fifth>  
☐ For Parents of Youth (6th Grade to 12th Grade) <https://www.remind.com/join/six2twelve>  
☐ For Parents of Nursery Students (Infant to Pre-K) <https://www.remind.com/join/birth2prek>  
☐ For Parents of Nursery Students (Infant to Pre-K) - While In Care <https://www.remind.com/join/tumcincare>

Our goal is for this second nursery Remind to be used to communicate one-on-one with parents of nursery kiddos while they're in care; particularly with visitors who may not wish to sign up for the regular nursery Remind messages. This allows staff & volunteers to send messages if you're needed in the nursery without having to text using personal phone numbers.

## Child / Youth Medical & Health Information

If the answer to any of the following questions is/was yes, please explain in the space provided so that this information can be shared with any hospital, physician, or health care provider in the event of an emergency. That said, as referenced in the "Emergency Contacts" section, in case of an emergency, every effort will be made to contact a parent/guardian before treatment is given.

**PRIVACY NOTE:** All health and medical information will be kept private and only seen by applicable staff members with the exception of allergy info, details on carried medical items/medications, and parent/guardian approved mental/behavioral health info – all of which will be shared with applicable leaders to ensure they can keep your children/youth safe and engaged.

Has this child/youth had or do they presently have any of the following? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> None of the Below                              | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Head Injury (Concussion, Skull Fracture, etc.) | <input type="checkbox"/> Kidney Problems     |
| <input type="checkbox"/> Fainting Spells                                | <input type="checkbox"/> Hernia              |
| <input type="checkbox"/> Convulsions / Epilepsy                         | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Neck or Back Injury                            | <input type="checkbox"/> Heart Murmur        |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Allergies           |
| <input type="checkbox"/> Other _____                                    | <input type="checkbox"/> Other _____         |

If you checked any of the above boxes, please explain here. We particularly appreciate detailed information about allergies and/or diabetic concerns as they impact our snack plans/schedules.

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Has this child/youth had or do they presently have injuries/impairments that effect any of the following? Check all that apply.

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> None of the Below | <input type="checkbox"/> Fingers     |
| <input type="checkbox"/> Shoulder          | <input type="checkbox"/> Arm / Wrist |
| <input type="checkbox"/> Leg / Knee        | <input type="checkbox"/> Vision      |
| <input type="checkbox"/> Ankle / Foot      | <input type="checkbox"/> Hearing     |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |

If you checked any of the above boxes, please explain here. We particularly appreciate detailed information about injuries that would effect participation in activities like gym time, physical games, etc.

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Does this child/youth have any mental or behavioral health diagnoses? If so, please explain below.

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Does staff have your permission to share the above mental or behavioral health diagnoses information with applicable teachers? Yes ☐ No ☐

Is this child/youth currently taking and/or carrying with them any medications you think the Trinity staff needs to be aware of? Ex: Epi-Pen or inhaler. If yes, please list them and the reason for the medication.

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*If your child/youth will need to take any of the above medications while they're participating in Trinity programming, please contact Laura Johns (Director of Discipleship) at [L.Johns@grtumc.org](mailto:L.Johns@grtumc.org) so we can make applicable arrangements that ensure the safety of your child/youth and the friends around them.*

Is there anything else we should be aware of about your child/youth's health and medical information?

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## Minor Photo Release (Optional)

I, the legal parent/guardian of my child, hereby authorize and consent to the use of images (still photograph, digital image, or video) of my child listed above, with or without their name(s), by Trinity United Methodist Church of Grand Rapids for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Trinity United Methodist Church its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

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

Are there any stipulations to the use of the images (still photograph, digital image, or video) of the child listed above? Yes ☐ No ☐

If yes, please provide additional information below.

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## Consent to Participate, Consent for Medical Treatment & Release from Liability

I, the legal parent/guardian of the child named above, give my consent and my permission for this child to participate in one or more programs at Trinity United Methodist Church. I also give my consent and my permission to Trinity United Methodist Church, its staff and volunteers (all or whom are collectively called "Trinity") to obtain medical care from any licensed physician, hospital, urgent care center or clinic for the child for any injury or illness that may arise while the child is at the church or participating in any church program. I understand that if Trinity seeks medical care for this child, any caregiver who renders treatment will bill me for services rendered, and I agree that I will either pay for that care or cause an insurance company or other responsible payer to pay for that care. To facilitate emergency care, I certify that I have accurately completed the medical questionnaire for this child included in this Registration Form.

In consideration of this child's participation in one or more programs at Trinity United Methodist Church, I (on behalf of myself, the child's other parent and the child) waive, release and relinquish any and all claims for liability and cause(s) of action against Trinity, including for personal injury, property damage or wrongful death occurring to the child, arising out of the child's participation in any programs at Trinity United Methodist Church, and/or activities incidental thereto, whenever or however they occur and for such period as those activities may continue. By this release, any such claims, rights, and causes of action that I, the child's other parent or the child may have are hereby waived, released and relinquished. I (on behalf of myself, the child's other parent and the child) agree if any claim arising out of the child's personal injury or wrongful death is commenced against Trinity, I (and the child's other parent and the child) shall defend, indemnify Trinity and save Trinity harmless from all costs (including judgments, amounts paid in settlement, litigation expenses and attorney fees) that Trinity incurs in connection with my child's personal injury or wrongful death.

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

## Instructions for Save & Send:

*We know that registration paperwork is a chore, but we appreciate you completing our annual paperwork! Having all your child's/youth's updated information ensures we can keep them safe and create the best opportunities for them.*

*Once this form is complete, save it to your system for emailing. We recommend using the "Save As" function and saving it with your child's/youth's name in the file name [ex: LauraJohnsForm2024.pdf]. Then email a copy of the completed form, and any additional forms for other children or Youth Communication Consent Forms, to Laura Johns at [L.Johns@grtunc.org](mailto:L.Johns@grtunc.org). If you prefer, paper forms are also available or you can print out digital forms and submit hard copies.*

*If you have any questions or concerns about this form or our upcoming programming, please do not hesitate to contact Laura Johns, Director of Discipleship, at [L.Johns@grtunc.org](mailto:L.Johns@grtunc.org) or 616-456-7168. Thank you!*