



Mount Olivet Children's Ministry

Today's Date:

Birth – 5th Grade

Please check all ministries your child participates in for the current school year

Parents' Night Out
As Advertised

Mission Possible
(Tue. afterschool – 5:30 pm)

S.U.R.G.E.
(Sun. 5-7 pm)

Olivet Kids Music
(Sun. 4-5 pm)

Contact Information

Student(s) Name(s) _____

T-shirt Size _____

DOB (for our birthday card ministry) m/d/y _____ School Grade _____

Allergies _____

Tue. Mission Possible pick up from MES – weather dictates if walking or by van YES NO

Parent(s) Name(s) _____

Mailing Address _____ Street Address _____

Town _____ Zip _____ Home Phone _____

Parent(s) Cell(s) _____ Work Phone _____

Email Address (to receive informational emails): _____

Permission to use Picture:

Mount Olivet United Methodist Church recognizes the importance of maintaining a safe environment for your children. This safety should not only be maintained at the physical location, but should also be extended online.

As the students will participate in events and activities throughout the year it may be possible that pictures are taken of them. These will be pictures of them enjoying the scheduled events and activities.

In order to continue to ensure a safe environment we ask that parents give permission for their child's image to appear on social media sites including Facebook, Mount Olivet United Methodist Church's website, advertisements, and bulletin boards for scheduled events.

Name of Child(ren) _____

Name of Parent giving Permission: _____ Parent Signature: _____

Date Permission Given: _____

Parent Release Form and General Trip Information (To be kept securely on file with director and used only for Mount Olivet UMC children's ministries opportunities)

Child(ren)'s Name(s) and DOB: _____

List _____

Allergies: _____

Medications needed: _____

Dispensed when: _____

Insurance Carrier _____

Insurance Phone Number: _____

Policy Number: _____

Coverage Type: _____

Policy Holder's Name: _____

Doctors Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Emergency Contact Info-Parents will be contacted first, then second choice, then third

Second Contact

Name: _____

Phone: _____

Third Contact

Name: _____

Phone: _____

I understand that, if necessary, I give permission for the chaperones to make medical decisions for my child in case of an emergency. I also understand that every effort will be made to contact me FIRST before any decisions are made.

Parent Signature: _____

Contact Information

Tina Hodgson, Children's Ministry

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