Kent Island Methodist Church
2739 Cox Neck Rd, Chester, MD
sundayschool@kimc.org

Children's Ministries Participation Form: 2026-2027 School Year

Child's Name: _____ Grade: _____ Birth date: _____

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Family Information – Please list first the names and contact info of the family members who will most often be responsible for and/or accompanying your child(ren) to church:

Parent(s) or Guardian Name(s): _____

Home Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's E-mail: _____ Father's Email: _____

Other Guardian/Family Name(s) who are authorized to pick up your child(ren):

_____

Alternate Address/Phone Number: _____

Additional E-mail address (optional): _____

Custody Agreement/Concerns: ❑ Yes ❑ No

It is presumed that the person who drops off a child has the authority to pick up that child

Dismissal: ❑ My child(ren) should wait for a guardian ❑ My child(ren) may leave the classroom on his/her own

Where can you be found during the program hours in case of an emergency? _____

Best cell phone number to contact during the program hours in case of emergency: _____

Allergies or health concerns which may demand immediate treatment? _____

Do any of your children have any behavioral concerns OR receive accommodations (IEP/504 Plan) in his/her regular education classroom that may be helpful in the Sunday School classroom? _____

_____

RELEASE: I request that my child(ren) be allowed to participate in the events of Kent Island Methodist Church, "KIMC," located at 2739 Cox Neck Rd, Chester, MD, and all associated ministries. I give advance authorization to KIMC including all staff and MinistrySafe approved volunteers to find the appropriate care for my child(ren) in the event of injury or accident. ❑ I Agree: _____ Date: _____

I also understand that my child(ren)'s photo may be taken and used for internal and promotional materials but never sold. ❑ I Agree: _____ Date: _____

❑ I prefer KIMC **NOT** use my child(ren)'s photograph: _____Date: _____