



# Wednesdays!

## Transportation

Transportation by a Goddard church van/bus is available for the following schools: **Ballman Elementary and Fairview Elementary.**

*Please check a box*

I would like Goddard United Methodist Church to transport my child from school to the church on Wednesdays for activities during the school year 2017 – 2018.

I will transport my child to Goddard United Methodist Church on Wednesdays for activities.

### **Parental Consent**

Do hereby give permission for our/my child to ride in any vehicle driven by an approved licensed (21 years or older) chaperone while attending and participating in the activities sponsored by Goddard UMC. Our/my child and I understand that, without exception, **SEAT BELTS SHALL BE WORN AT ALL TIMES.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child/Children's Name(s)



# Child Data Sheet

## ONE form per Child

School year 2017-18

Child's full name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Child "Goes By" \_\_\_\_\_

Circle One: Male Female

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Child's School: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Text: Yes No

Parent/Guardian(s) Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Text: Yes No

Sibling \_\_\_\_\_ Grade/Age \_\_\_\_\_ Sibling \_\_\_\_\_ Grade/Age \_\_\_\_\_ Sibling \_\_\_\_\_ Grade/Age \_\_\_\_\_

### Emergency Contact Information: (Please list at least two)

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

**Children must be picked up by a parent, guardian, or an approved person. Please enter the church building to pick up your child.**

Name all other adults who are authorized to take child from church:

Name	Relationship	Name	Relationship	Name	Relationship

### Medical Information

Child's physician or emergency treatment facility: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Does your child have any allergies, chronic ailments, or special needs: (PLEASE List any emergency medications i.e. Inhaler):

### Parental Consent, Media Release, and Authorization for Emergency Care to a Minor

I/We, the undersigned, parent(s) or legal guardian of the minor listed below:

Child's Full Name: \_\_\_\_\_

#### Parental Consent

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#### Media Release

I/We do allow Goddard UMC to take and/or use photographs, voice, video, or digital tape of our/my child.

#### Medical Release

I/We understand that said minor should not attend activities when knowingly ill or recently exposed to a contagious disease. If said minor becomes ill or injured while in the care or under the supervision of Goddard UMC, I authorize said minor to receive first aid and emergency care. I do hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any licensed physician or dental and/or hospital service that may be rendered to said minor under the general, specific or special consent of the Goddard UMC staff or volunteer, the temporary custodian of said minor. I/We authorize the physician or dentist to call in any necessary consultant at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of said minor, and said physician or dentist, to exercise his/her best judgment as to requirements of such diagnosis or the medical, dental, or surgical treatment. The undersigned shall be liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered.

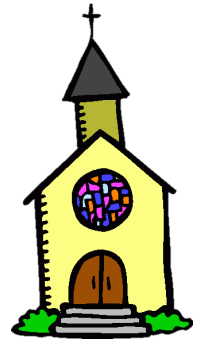
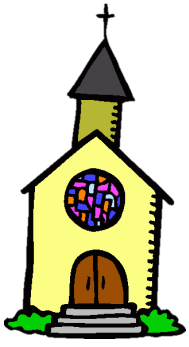
**I have read the Parental Consent, Media Release, and Authorization for Emergency Care to a Minor and give consent for my child.**

Parent/Guardian Name

Print

Signature

Date



# We Invite You!

## Sundays at Goddard

Worship - 8:30 a.m.

Sunday School - 9:40 - 10:40 a.m. - Children's Building

Worship - 10:50 a.m.

Nursery - 9:30 a.m. - 12:15 p.m. (children 0 - 5 years)

## Wednesdays at Goddard

Beginning Sept. 13<sup>th</sup>

After School - 6:00 p.m.

Children 3 years - 6<sup>th</sup> Grade

Fun with Bible Lessons, Games, Music, Videos, Crafts, and More

Snacks and Dinner at 5:30 p.m. provided

(Pickup from Ballman and Fairview Elementary Schools available)

**Sue Peerbolte**

Director of Goddard Weekday Ministries  
(479) 782-6546

**Keri Cousins**

Director of Children's Ministry  
Goddard United Methodist Church  
kcousins@goddardumc.org  
(479) 785-1415





# Sunday School



Our New Classes and Fall Curriculum begin

**Sunday Sept. 10<sup>th</sup> 9:40 - 10:40 a.m.**

Preschool Class (3's, 4's, and 5's) - Room 8

Kindergarten - 2<sup>nd</sup> Grade - Room 9

3<sup>rd</sup> - 4<sup>th</sup> Grade - Room 10

5<sup>th</sup> - 6<sup>th</sup> Grade - Room 11

We all start in the Goddard Kids Clubhouse at 9:40 a.m.

Nursery is available for children 0 - 5 years 9:30 a.m.- 12:15 p.m.