



Children's Ministry Registration Form

2015-2016

Date _____

Child's Full Name: _____, _____, _____ Gender: M ___ F ___ Grade ___ (fall '15)
Last First Middle

Date of Birth: ___/___/___ Child's Preferred Name: _____ With whom does the child live: _____

Allergies or medical conditions: _____ Medications (including dosage info): _____

Parent/Guardian Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Parent/Guardian Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Is there anyone not authorized to pick up your child?

Does your child have any additional educational considerations of special instructions: _____

Parent/Guardian's Sunday School Class: _____

Emergency Treatment

In the event of illness or accident that requires immediate treatment (at a time when the parent or guardian cannot be located), I give permission for an approved representative of Christ United Methodist Church to authorize treatment. I will not hold the church or medical personnel responsible. In signing this I understand that every attempt will be made to contact the child's parents/guardian, or other persons listed for emergency contact.

Date: _____ Signed: _____ Printed: _____

Local Emergency Contact: _____ Phone _____
(other than parent/guardian) Name Relationship

I give permission for my child's picture to appear in newsletters, pamphlets, web page, videos, etc () Yes () No

Parent/Guardian Signature: _____

A new registration form is **required** each year to update important information to insure the health and safety of your child. For additional information regarding Children's Ministry, contact Aimee Cox, Director of Children's Ministry, at 615-790-2112 or aimee@christum.net