



First United Methodist Church 2017-2018

Children's Ministry Information Form

Last Name:	Fi	irst Name:	
Gender: M F Age:	Date of Birth:	T-Shirt Size:	
Address:		City:	
State: Zip:	Grade:	Teacher:	
School:	Graduation	Year:	
be given to parents in order			ke brought t
		Lunch Time	e:
*Comments or Other Spec	cial Information (medical need	ds, allergies, epi pen, etc.):	
Parent/Guardian's Name:			
Home Phone:	Cell:	Work:	
E-Mail:			
Prefer to be contacted by:	Phone Text Email		
Do you check your e-mail reg	gularly? Yes No		
Parent/Guardian's Name:			
	Coll·	Work:	
	Ceii		
	Phone Text Email_		
Do you check your e-mail re			
Do you chook your o mair to	yalany. 100 no		
Emergency Contact (other th	nan parent):		
Phone:			
Emergency Contact (other th	nan parent):		
Phone:			
	Authorization & Media		
videos of my child or		ay post the name, photographs, Church/Children's Facebook Paon n their publications.	
and/or videos of my		Church not post the name, photogodor the Church/Children's Faceboolid in their publications.	
Signature of Parent/Guard	dian:	Date:	
-			
Print name of Parent/Guar	rdian:		