

Registration Form 2018-2019

Children's Ministry (Nursery-6th Grade)

Office Use Only:

MT _____ Email _____

Parent/Guardian Information – PLEASE PRINT!

Parent/Guardian Last Name: _____ First Name: _____

Cell Phone: _____ Email: _____

Parent/Guardian Last Name: _____ First Name: _____

Cell Phone: _____ Email: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Emergency Contact Name & Cell Phone (other than parent/guardian): _____

Child's First & Last Name	Gender (M/F)	Birth Date M/D/Year	Age	Grade	Allergies/Medical Needs / Educational Needs (use back of form for additional information)

OTHER INFORMATION:

We use our weekly Children's email to inform parents of SSUMC Children's Ministry activities. Would you like your email to be added to that distribution list (PLEASE INITIAL ONE ANSWER)	YES	NO
I give permission for my child's photo to be used in publicity materials that promote the ministry of St. Stephen's UMC (i.e. newsletters, website, flyers, etc.). Please note, names are never published with photos. (PLEASE INITIAL ONE ANSWER)	YES	NO

Please NOTE: Children, in 4th grade and below **MUST be dropped off and picked up** by a parent or guardian as named above, or another designated adult as noted below (i.e. grandparent, babysitter, etc.).

Name of Other Designated Adults: _____

I give permission for my child(ren) to be involved in St. Stephen's UMC children's ministries, Sunday School, and other related activities. I understand that my signature grants permission for attendance at these events and any necessary medical care needed should I not be available during these events. I waive any and all claims against the leaders and their assistants, the officers, agents, and representatives of St. Stephen's United Methodist Church.

Signature of Parent/Guardian _____

Date _____