

**Child 1:**

Name _____ Gender _____ Birth date _____

Current Grade _____ School _____

Allergies / Special Needs / Other Medical: _____

Child 2:

Name _____ Gender _____ Birth date _____

Current Grade _____ School _____

Allergies / Special Needs / Other Medical: _____

Child 3:

Name _____ Gender _____ Birth date _____

Current Grade _____ School _____

Allergies / Special Needs / Other Medical: _____

Family Information

Parent's Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home telephone: (_____) _____ Cell telephone: (_____) _____

Other Emergency Contact (name and phone): _____

Home church (if any): FUMC Other: _____

I give permission for my children, named above, to participate in activities at FUMC. I give permission for the church to take pictures of my children for bulletin boards, newsletters, church website, and other possible publicity. I realize that our church services are recorded and shown on the local cable station and the church website.

Guardian's Signature _____ Date _____