

# CHILDREN'S MINISTRY REGISTRATION

## PARENT/GUARDIAN 1

Full Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email \_\_\_\_\_  
Birthday \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PARENT/GUARDIAN 2

Full Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email \_\_\_\_\_  
Birthday \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

List the names of others AUTHORIZED to pick up your child \_\_\_\_\_  
\_\_\_\_\_

Name of others NOT AUTHORIZED to pick up your child \_\_\_\_\_  
\_\_\_\_\_

## CHILD(REN) INFORMATION

1<sup>st</sup> Child Full Name \_\_\_\_\_  
Birthday \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_  
School \_\_\_\_\_  
Allergies/Special Needs \_\_\_\_\_

2<sup>nd</sup> Child Full Name \_\_\_\_\_  
Birthday \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_  
School \_\_\_\_\_  
Allergies/Special Needs \_\_\_\_\_

3<sup>rd</sup> Child Full Name \_\_\_\_\_  
Birthday \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_  
School \_\_\_\_\_  
Allergies/Special Needs \_\_\_\_\_

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- I authorize that my child's image may be photographed, filmed and used in video, print and web presentations at Central UMC
  - By giving my email address, I understand that I will be added to Central UMC's mailing list. Central UMC will not give your personal information to any third parties.

Signature of Parent: \_\_\_\_\_  
\_\_\_\_\_