

Confirmation 2017 Registration Form



Child's Name: _____

Parent/Guardian Name: _____

Address: _____
(Street Address, City, State, Zip Code)

Phone Numbers:
Home: _____
Work: _____
Cell: _____

Email: _____

Age Information:
Birth date: _____
Grade level for 2015-2016 School Year: _____

Medical Information
Medical or other information we might need to know (include any food allergies):

Emergency Contacts (other than listed above):
Name: _____ Phone number: _____
Name: _____ Phone number: _____

May we have permission to photograph your child? Yes _____ No _____

May we have permission to use your child's photograph for the purpose of promotion? Yes _____ No _____

First United Methodist Church of Alvin
611 W. South Street
Alvin, Texas 77511
(281) 331-3482