



Guilford College United Methodist Church

CHILDREN'S MINISTRY INFORMATION FORM

Child's Name _____
First Middle Last

Address _____
Street City State Zip

Birth Date (MM/DD/YY) _____ Child's Age & Grade _____

School _____

Parent/Guardian _____

Phone Numbers: Home _____ Cell _____ Text? Yes _____ No _____

Work _____ E-Mail _____

Preferred method of communication _____

Allergies & Reactions _____

Other important information _____

Names of all adult(s) authorized to pick up child (including parents) _____

Current Date: _____

Please return to Donna Ford, Director of Christian Education,
GCUMC, 1205 Fleming Road, Greensboro, NC, 27410