

Grace United Methodist Church
“BFF” Wednesday Nights for Kids!

Child’s Name:

Date of Birth:

Allergies:

Parent’s Names:

Address:

Home Phone:

Cell Phone:

Email:

Other Contacts authorized for pick up: Please provide Name and Phone number. Remind Contacts to present an ID for verification.

1.

2.

**** We are always looking for individuals who would be willing to be a substitute on occasions that we do not have enough staff. If you would be interested in volunteering on a as needed basis, please circle: YES**