



## STUDENT MINISTRIES CHILD REGISTRATION FORM 2019-2020

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

Mother's Home Phone #: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_

Father's Home Phone #: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

ALLERGIES/SPECIAL NEEDS: \_\_\_\_\_

Please CHECK  the Student Ministry activity your child will be participating in:

Confirmation at Alpine center, 5-6:30 pm, Sunday, Coffee House \_\_\_\_\_ (Look for Pastor Dee)

412 JR. HIGH YOUTH \_\_\_\_\_ SALT HIGH SCHOOL \_\_\_\_\_ Hands of Christ Puppet Ministry \_\_\_\_\_

Other \_\_\_\_\_ If other, please state seasonal programs \_\_\_\_\_

### PHOTO DISCLAIMER:

I give permission for my child to participate in Christ United Methodist Church's Children's Ministries activities. I give permission for Christ United Methodist Church to take pictures, videotapes and sound recordings, separately or in combination, of my child. I also give Christ United Methodist Church permission to use the finished videotapes, still pictures and/or sound recordings for CUMC's social media outlets and/or private/public broadcast for distribution purposes.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best way to contact me is by: MAIL \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

\*Please return completed form to Pastor Dan Lee at dlee@christumc.cc or mail at 4509 Highcrest Rd. Rockford, IL 61107. Questions? Please call us at 815-399-5910