



PUPPET MINISTRY REGISTRATION FORM 2018-2019

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 Children's Ministry activity your child will be participating in:

Sunday School _____ **Alpine Center: 9:30am** _____ **11:00am** _____ **Our Master's Center: 9:30am** _____

J.A.M. _____ **Joyful Noise Choir** _____ **Praise Kids Choir** _____ **Puppet Ministry** _____

Other _____ **If other, please state activity:** _____

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 Joy Hayag at jhayag@christumc.cc or mail to Joy Hayag at 4509 Highcrest Rd. Rockford, IL 61107

