



## “Hands of Christ” Puppet Ministry Registration Form 2017-2018

Child’s Name: \_\_\_\_\_

Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent’s Names: \_\_\_\_\_

Mother’s Cell Phone #: \_\_\_\_\_

Mother’s Email Address: \_\_\_\_\_

Father’s Cell Phone #: \_\_\_\_\_

Father’s Email Address: \_\_\_\_\_

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

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

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

### **PHOTO DISCLAIMER:**

I give permission for my child to participate in **J.A.M. (JESUS AND ME)** at Christ United Methodist Church in Rockford, IL. 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](mailto:jhayag@christumc.cc) or by mail to Joy Hayag at 4509 Highcrest Rd. Rockford, IL 61107.

