



Children's Ministry Participant Registration Form

Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Gender (circle one): Male or Female

Food Allergies/Health Problems: _____

Address: _____

Parent's Name: _____

Contact Phone 1: _____ Contact Phone 2: _____

Parent Email: _____

Emergency Contact Name: _____

Phone: _____ Relationship to child: _____

Alternate Pickup Name: _____

Please note that when you register your child for church activities/events, you are agreeing to the statements below. If you have any questions or concerns, please contact our director, Patti Hutte, at (830) 257-0808 or patti.hutte@kfumc.org.

All information collected by First United Methodist Church Kerrville, TX (KFUMC) will be used for the purposes of church promotion. We never sell, rent, lease or exchange your personal information with other organizations. Contact information will be added to KFUMC's mailing lists to inform you of future programs within KFUMC, unless you notify us in writing. Individual and group photos along with video will be taken of your children for use at KFUMC unless you inform us in writing otherwise.

I, the parent or legal guardian of the above named child allow him/ her/them to attend events at KFUMC. I recognize the risk involved in activities and will not hold KFUMC, its staff or volunteers responsible for any personal injury that might occur to my child(while participating in this program. I authorize any KFUMC staff member or volunteer to seek and obtain such emergency or medical services for my child as deemed necessary at the time.

Parent Signature _____ Date: _____

EVENT: (circle) JAM PNO Kid's Club Children's Choir
Summer Activities Bridge

RETURN form TO THE CHURCH OFFICE OR ROOM 104 IN EDUCATION BUILDING
Or mail to: FUMC
Attn: Patti Hutte
321 Thompson Dr.
Kerrville, TX 78028

OFFICE USE ONLY:
_____ PAID CASH OR CHECK