



Church School Registration & Permission Form 2019-2020

Youth's Name:	Date of Birth:
Address:	School/Grade.:
	Phone (H):
Email:	Cell:
Parent/Guardian Name(s):	
	llowed to pick up my child:
In case of emergency, please	contact me at:
List any medications:	Medical Form
	an attending physician should be aware of:
Address:	Phone:
Policy #:	Name of Insured:
First United Methodist Church medical attention in the case of covered by insurance. I give produnteers. *I do/do not (please circle on	Permission ath (listed above) to attend Sunday School and youth café/youth group activities at h of Oneonta. I give permission for the staff and volunteers of First UMC to seek of an emergency. I agree to be responsible for any charges incurred that are not permission for my youth to travel to planned events with designated staff and/or seek give permission for my child(ren)'s photograph(s) to appear on FUMC's e. My child(ren)'s name(s) may/may not (please circle one) be included.
Parent/Guardian Signature	