

Youth Ministry Registration 2013-2014

www.MerrimacportUMC.org info@merrimacportumc.org

Contact Information

Child's Name: _____ Gender: M F

Programs to Register: Skits & Grits (K-6) Youth Group (Grades 6-12)
 Other: _____

Parent/Guard. Name(s): _____

Address: _____

Email: _____

Phone Numbers: Cell: _____
Home or Other: _____

Local Emergency Contact (Other than Parent / Guardian in case we can't reach you)

Name: _____ Phone: _____

Age Information

Date of Birth: _____ Age: _____ Grade in Fall: _____

Allergies / Medical Information / Other

Dismissal Information

Name(s) of person(s) who may pick up your children from church

Parent(s)/Guardian(s) listed above only

Other Names: _____

Permission to walk home unsupervised

View our Church Photo Policy on our website

Kids Ministry photos may be used in the church newsletter, website, etc. but to ensure safety, names are not used for minors. FMI please contact the pastor at 978-346-8989

Note: If registering multiple children, a separate form needs to be filled out for EACH child. However, the contact information and family medical information need only to be filled out on one of the forms. Please staple multiple forms together. Thank you!

SEE REVERSE

Emergency Treatment Release
Sunday School 2013-2014
Merrimacport UMC
PO Box 214 39 High Street Merrimac, MA 01860

We will make every attempt to contact you in the case of an emergency. In the situation that your child may need immediate medical care please sign this consent authorizing transportation and medical care until you arrive.

I herby give permission for Merrimacport United Methodist Church to transport my child _____ to any licensed physician, dentist or hospital for necessary emergency medical service at the request of the person bearing this consent form.

Signature of Parent / Guardian

Date of Release

Family Medical Information in Case of Emergency

Name of Pediatrician: _____
Phone: _____

Name of Dentist: _____
Phone: _____

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