

# UMC OF EAGLE VALLEY CHILDREN'S CHURCH REGISTRATION

CHILD'S INFORMATION			
First Name	Middle Name	Last Name	
Birth date: /      /	Age:	Grade:	Home Phone
Mailing address:		Mom Cell Phone	Dad Cell Phone
Mothers Name		Fathers Name	
E-mail address you would like us to use to contact you:		School Child attends:	
Authorized people to pick up my child (must be 18 years of age or older): (You can specify this change each Sunday if needed)			
Siblings (Names and Ages):			
Is there any custodial information that we should be aware of? If so please list below:			

<b>MEDICAL HISTORY /SPECIAL CONSIDERATIONS</b>
<i>Are there any allergies that we need to be aware of?</i>
<i>Are there any special considerations that we need to be aware of?</i>
<i>Is there anything else that we should be aware of about your child?</i>
<p><b>Remember that all children must have an adult on the premises during our Children's Church time.</b></p> <p><b>We will be sure to come and get you if there is a problem or emergency during our program.</b></p> <p>This program is for pre-K (age 4) to 5<sup>th</sup> graders.</p> <p>Ages 3 and under and 4 year olds who are not ready for our program may be taken to the nursery. Thank you!</p>

OTHER INFO
<input type="checkbox"/> By checking this box I understand that photos of my child may be taken during this activity for display at our church.
I would like to help with Children's Church. I can help by:

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_