

# MUMC Children and Youth Ministries Registration Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Primary Address: \_\_\_\_\_ Child's Secondary address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Siblings Grades and Names: \_\_\_\_\_

\_\_\_\_\_

In the interests of your child's safety we ask that you provide the name and telephone number of at least 3 other people who have your consent to pick up your child. We suggest that you include step parents, **any family that may pick them up regularly** and at least one person outside the family (incase of a family emergency).

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Also if there are any people who very specifically are NOT allowed to pick-up your child or have access to your child please note below.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Any additional notes you would like to add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child need transportation to and from YOUTH GROUP events?

- Yes
- No

If yes, which address?

- Primary Address
- Secondary Address

Contact phone number for this address: \_\_\_\_\_

I hereby grant permission for my child to attend Metropolitan United Methodist Church's Children's and Youth Ministries Programming for both onsite and offsite activities. The Children and Youth Ministries Coordinator and Youth Group leaders have my permission to photograph or film the above-named youth for any lawful purpose associated with this program.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Once filled out, please turn in to Kaitlyn Szczypka's mailbox located Metropolitan UMC's Main Office.**