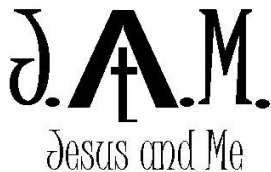


# FAMILY REGISTRATION FORM

(please complete one per family)



McCabe United Methodist Children's Ministry



*Partnering with families in sharing the love of Jesus, growing in God's word, and supporting one another on their spiritual journey.*

Parent (s) / Guardian(s): \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact (other than listed above): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

## Information on Children

1. Child's Name: \_\_\_\_\_ Male / Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies / Medical Info / Other: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Male / Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies / Medical Info / Other: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Male / Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies / Medical Info / Other: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_ Male / Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies / Medical Info / Other: \_\_\_\_\_

**Continued on other side.**

Do you have any restrictions about how (or to whom) this child may be dismissed from class? YES \_\_\_\_\_ NO \_\_\_\_\_

Specify: \_\_\_\_\_

This child may go off premises (to the capital grounds) with the class for games under supervision of the teacher/helper.

YES \_\_\_\_\_ NO \_\_\_\_\_

This child's picture, without identification, may be used on the McCabe UMC's website, Facebook, or in printed materials.

YES \_\_\_\_\_ NO \_\_\_\_\_

I am willing to help with my child's class as needed. YES \_\_\_\_\_ NO \_\_\_\_\_

I am willing to help Children's / Family Ministry in other areas (i.e. special events, missions, hospitality/host, Christmas program, child care, etc). YES \_\_\_\_\_ NO \_\_\_\_\_

I am interested in joining the Children's / Family Ministry Team. YES \_\_\_\_\_ NO \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_