

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: _____