

# Plainfield United Methodist Church

## 2011-2012 Children's & Youth Ministries Registration

Family Last Name(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent Cell Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_

Emergency Contact Phone ( ) \_\_\_\_\_

**1<sup>st</sup> Child:** Name (first and middle) \_\_\_\_\_ Birthday \_\_\_\_\_ Grade in Fall, 2011 \_\_\_\_\_

**2<sup>nd</sup> Child:** Name (first and middle) \_\_\_\_\_ Birthday \_\_\_\_\_ Grade in Fall, 2011 \_\_\_\_\_

**3<sup>rd</sup> Child:** Name (first and middle) \_\_\_\_\_ Birthday \_\_\_\_\_ Grade in Fall, 2011 \_\_\_\_\_

**4<sup>th</sup> Child:** Name (first and middle) \_\_\_\_\_ Birthday \_\_\_\_\_ Grade in Fall, 2011 \_\_\_\_\_

**5<sup>th</sup> Child:** Name (first and middle) \_\_\_\_\_ Birthday \_\_\_\_\_ Grade in Fall, 2011 \_\_\_\_\_

\*Please circle all programs in which your family currently participates:

Sunday School VBS GUM/LAFF Playful Praise Jr. Chimes Youth Group Confirmation

\*Please list who is authorized to pick up your child from Sunday School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please list any medical concerns, allergies, special needs, or other important information (specify which child): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form I give permission for my child(ren) to leave the church building during their ministry program for a brief walk in the area. I understand that they will be supervised by program staff when this occurs. I also grant permission that photos of my child (unidentified) may be included in church publications and website.

Parent's or Guardian's Signature \_\_\_\_\_

*Please return this form to Sherry Scates or the Church Office. Thanks!*