

Plainfield United Methodist Church

2015-2016 Children's & Youth Ministries Registration

Family Last Name(s) _____ Phone () _____

Address/City/Zip _____

Parent Name(s) _____

Parent Cell Phone (1) _____ (2) _____

E-mail _____

Emergency Contact Name (other than parent) _____

Emergency Contact Phone () _____

1st Child: Name (first and middle) _____ Birthday _____ Grade in Fall, 2015 _____

2nd Child: Name (first and middle) _____ Birthday _____ Grade in Fall, 2015 _____

3rd Child: Name (first and middle) _____ Birthday _____ Grade in Fall, 2015 _____

4th Child: Name (first and middle) _____ Birthday _____ Grade in Fall, 2015 _____

5th Child: Name (first and middle) _____ Birthday _____ Grade in Fall, 2015 _____

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

Sunday School VBS WHAM! Playful Praise Book Group Children's Choir 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 Rev. Sherry Scates or the Church Office. Thanks!