

**Education & Sunday School
Children & Youth
Registration Form**



Name of Child/Youth: _____ Youth Cell Phone: _____

Date of Birth: / / Grade Fall 2015 _____ Preferred Name: _____

Parent/Guardian One: _____ Cell Phone: _____

Address: _____

Email: _____ Home Phone: _____

Parent/Guardian Two: _____ Cell Phone: _____

Address: _____

Email: _____ Home Phone: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

In addition to listed parents/guardians, who has permission to check-out your child from an event?
Please list names and phone number. (Please Note: They will have to show photo ID at check-out)

Are there any family situations we should be aware of? (Eg: custodial issues): _____

Please list all allergies: _____

Please list all medical conditions: _____

Do you give TUMC Church permission to film/ photograph your child? Yes/ No

Images may be displayed in church publications or website, but as a precaution, the child's name will not be printed.

I consent to my child taking part in the approved program of activities for Trinity United Methodist Church, Education/Children's/Youth Ministry. I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signed _____ Date _____

Unless requested otherwise, we will update your info in the TUMC membership database.