

Registration Form
Education, Sunday school,
Children & Youth



Name of Child: _____ Preferred Name: _____

Date of Birth: _____ Current Grade in School: _____

Parent/Guardian 1: _____

Address: _____

Email: _____ Phone: _____

Parent/Guardian 2: _____

Address: _____

Email: _____ Phone: _____

Emergency Contacts: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In addition to listed parents/guardians, who has permission to check-out your child from an event? Please names/phone numbers. (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 any medical conditions: _____

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

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.

Sign: _____

Date: _____

Unless requested otherwise, we will update you information in the TUMC database.