



CHILD REGISTRATION FORM 2016-2017

Parents Name: _____ Email Address _____

Address: _____

Phone Number: Home _____ Cell _____ Text? Yes No

Emergency Contact #1 _____
Name Phone Number

Emergency Contact #2 _____
Name Phone Number

_____ In the event I cannot be reached I give permission to UMC personnel to treat my child due to an injury/illness

_____ I give permission for UMC volunteers to transport my child off church grounds

_____ I give permission to post/publish pictures of my child in UMC activities

_____ Rejoice! Check included (\$20 per child)

_____ Requesting Scholarship Information for Rejoice!

Child's Name: _____ Grade 2016-2017 School Year _____

T shirt siz _____ Child Youth Adult (Circle one)

Please 'X' those that apply:

Rejoice! MS Youth HS Youth Sunday
Group Group School

DOB: _____ ALLERGIES: _____

Other information we need to know about your child: _____

Child's Name: _____ Grade 2016-2017 School Year _____

T shirt siz _____ Child Youth Adult (Circle one)

Please 'X' those that apply:

Rejoice! MS Youth HS Youth Sunday
Group Group School

DOB: _____ ALLERGIES: _____

Other information we need to know about your child: _____

Child's Name: _____ Grade 2016-2017 School Year _____

Please 'X' those that apply:

Rejoice! MS Youth HS Yoth Sunday
Group Group School

DOB: _____ ALLERGIES: _____

Other information we need to know about your child: _____
