



CHILD REGISTRATION FORM 2018-2019

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 2018-2019: _____ Age: _____

Shirt size _____ Child Youth Adult (Circle one)

Please 'X' those that apply:

Rejoice! K-5
 MS Youth Group
 HS Youth Group
 Sunday School 4 and up

DOB: _____ ALLERGIES: _____

Other information we need to know about your child: _____

Child's Name: _____ Grade 2018-2019: _____ Age: _____

Shirt size _____ Child Youth Adult (Circle one)

Please 'X' those that apply:

Rejoice! K-5
 MS Youth Group
 HS Youth Group
 Sunday School 4 and up

DOB: _____ ALLERGIES: _____

Other information we need to know about your child: _____

Child's Name: _____ Grade 2018-2019: _____ Age: _____

Shirt size _____ Child Youth Adult (Circle one)

Please 'X' those that apply:

Rejoice! K-5
 MS Youth Group
 HS Youth Group
 Sunday School 4 and up

DOB: _____ ALLERGIES: _____

Other information we need to know about your child: _____
