



PLEASE RETURN TO CHURCH OFFICE OR MAIL

CHILD'S NAME: <i>(First, Middle, Last)</i>		BIRTH DATE: <i>(Mo., Day, Yr.)</i>	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PREFERRED NAME:	AGE OR GRADE AS OF SEPTEMBER 1, 2008:	SCHOOL ATTENDING AS OF SEPTEMBER 1, 2008:		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
FAMILY E-MAIL ADDRESS: <i>FUMC will neither sell nor share you address, and will be used for communication purposes only.</i>			HOME PHONE NUMBER:	
MOTHER'S NAME:	ADDRESS: <i>(If Different Than Child's)</i>		MOBILE/CELL PHONE NUMBER:	
FATHER'S NAME:	ADDRESS: <i>(If Different Than Child's)</i>		MOBILE/CELL PHONE NUMBER:	
DESCRIBE ALLERGIES, LIMITATIONS OR SPECIAL NEEDS, WHICH WE SHOULD BE AWARE OF:				
WHICH HOUR/HOURS WILL YOUR CHILD BE ATTENDING? <i>(Check All That Apply)</i>				
<input type="checkbox"/> 9:15 <input type="checkbox"/> 11:15 <input type="checkbox"/> Other: (Description) _____				
WHERE WILL YOU BE LOCATED DURING THE ABOVE HOUR(S)?				
RACE/ETHNICITY (OPTIONAL): <i>(Check All That Apply)</i>				
<input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic Ethnicity				
BAPTISM DATE:	BAPTISM CHURCH:		BAPTISED BY:	
CONSENT TO PHOTOGRAPH AND MEDIA RELEASE: <i>I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at FUMC or at a function sanctioned by FUMC. I hereby grant permission to FUMC to use my child's photograph or likeness in any publicity or promotional publications, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.</i>				
<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT Parent/Guardian Signature: _____ Date: _____				