

Children's Ministry Event Registration – 2018 - 2019

Family Last Name _____

Address _____

Parent email _____

Cell phone # _____

Child #1 name _____ age _____ birthdate _____

Allergies/medical info _____

Child #2 name _____ age _____ birthdate _____

Allergies/medical info _____

Child #3 name _____ age _____ birthdate _____

Allergies/medical info _____

Child #4 name _____ age _____ birthdate _____

Allergies/medical info _____

List the people who ARE AUTHORIZED to pick up your child in your absence or an emergency _____

Emergency Contact Name & Number _____

I give permission to Freeland UMC to use pictures of my child (without naming them) in church promos in print or social media.

Signature _____



Freeland United Methodist Church

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