

St. Andrew United Methodist Church Registration Form Date _____
Children & Youth Ministries

Student Information

Student's Name _____ Birth Date _____

Address _____

Phone number _____ Male ____ Female ____

Grade in School _____ School attending _____

Parent or Guardian Information

Name _____

Address _____

Home phone _____ Cell phone _____

E-mail _____

Emergency Information

Location of parents or guardian during class

Emergency Contact _____

Phone _____ Relationship _____

Allergies/special needs _____

Persons who may pick up my child _____

Are there any custodial issues that we should be aware of? Yes ____ No ____

If yes, please explain _____

Media Release Form

I give my permission to St. Andrew United Methodist Church to photograph my child participating in church activities for the purpose of church media and communications.

Yes ____ No ____ Signature _____