Children's FUEL Registration Forms 6 to 7 pm

Because your child is important to us here at UMC, it is vital that we have current contact information for all children in order to best serve you and your family. Please fill out the form completely. You may include all your children, 3 years old (as of Sept 9,2019 and potty trained) through HS Seniors if you like, on one form.

List below the no VBS.	ame, birthdates (including year) and grade of any child(ren) in your care who will be attending
Please remember to include each child's name, birthdates' and grade!	
Name(s) of pare	nts or guardians of children listed above:
Complete addres	ss, including post office boxes and apartment numbers:
Telephone numb	ers where you can be reached, including cell phones:
List adults autho	rized to pick up your children from Class. (Use back if necessary)
Do you have an o	email address/text number you'd like us to add to our list? This helps us communicate with

Please continue to other side

In the event that the parent or guardian cannot be reached, please contact:

Emergency contact #1:			
Name:			
Address:			
Phone: Home	Cell		
Relationship to child:			
Emergency contact #2:			
Name:			
Address:			
Phone: Home	Cell		
Relationship to child:			
All forms must be returned to United Methodist Church no later than June 1, 2019. Forms need to be turned in so we can order supplies for VBS. We encourage all children to bring a friend to VBS with them. Please have them also fill out registration forms.			
Yes, I give permission for my child's image to be taken and used for church related purposes such as, bulletin boards, videos of church activities and/or on church related web pages (UNITED METHODIST CHURCH Children's Ministry or Youth Ministry Facebook page or our church website).			
Yes, I give permission for my child/children to b of an emergency. I also give permission for my child an emergency medical center.	•		
l also give permission for my child/children to by licensed individuals, using federal approved car se		hicles, driven	
Parental signature and date.			

Please provide any additional information that we may need to know in order to keep your child safe and to help your child get the most out of our programs. Please completely fill our medical forms.

Thank you for letting us invest in your child's life. We hope this will be a fun and exciting place for your child as they learn and grow in their faith and build new relationships at UMC.