

CHILDREN'S MINISTRY REGISTRATION

Infants – 6th Grade

◆ Please complete one form per family, listing all children, infants – 6th grade ◆

Date _____
month day year

PARENT(S) living with the child(ren)

Father _____ Work/Cell Phone (_____) _____
Circle one area code

Mother _____ Work/Cell Phone (_____) _____
Circle one area code

Address _____ **Home Phone** (_____) _____
Street City Zip area code

E-Mail Address _____

I authorize pictures of my child (without use of his/her name) by CUMC. Yes No

PARENTS: Infants - 3rd Grade students will be released from Sunday School *only to an adult, 18 years or older*. If an adult other than the parent(s) listed above will be signing your child out of Sunday School, please list below the adult your child may be released to.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

CHILDREN'S INFORMATION

1. Name _____ **Date of Birth** _____ **Age** _____

Grade in Fall 2008 _____ **School** _____
(For preschooler, enter preschool year (3yr, 4yr, or Jr. Kdg) and name of the preschool your child attends)

Does child have their own Bible? Y N **Child's own e-mail address** _____

Does child have allergies? Y N **If yes, please list** _____

Does child have health or special needs? _____ **Would you like to be contacted by the Director of Children and Family Ministries.** Y N **The best time to reach me is** _____.

2. Name _____ Date of Birth _____ Age _____

Grade in Fall 2008 _____ School _____

(For preschooler, enter preschool year (3yr, 4yr, or Jr. Kdg) and name of the preschool your child attends)

Does child have their own Bible? Y N Child's own e-mail address _____

Does child have allergies? Y N If yes, please list _____

Does child have health or special needs? _____ Would you like to be contacted by the Director of Children and Family Ministries. Y N The best time to reach me is _____.

3. Name _____ Date of Birth _____ Age _____

Grade in Fall 2008 _____ School _____

(For preschooler, enter preschool year (3yr, 4yr, or Jr. Kdg) and name of the preschool your child attends)

Does child have their own Bible? Y N Child's own e-mail address _____

Does child have allergies? Y N If yes, please list _____

Does child have health or special needs? _____ Would you like to be contacted by the Director of Children and Family Ministries. Y N The best time to reach me is _____.

4. Name _____ Date of Birth _____ Age _____

Grade in Fall 2008 _____ School _____

(For preschooler, enter preschool year (3yr, 4yr, or Jr. Kdg) and name of the preschool your child attends)

Does child have their own Bible? Y N Child's own e-mail address _____

Does child have allergies? Y N If yes, please list _____

Does child have health or special needs? _____ Would you like to be contacted by the Director of Children and Family Ministries. Y N The best time to reach me is _____.

5. Name _____ Date of Birth _____ Age _____

Grade in Fall 2008 _____ School _____

(For preschooler, enter preschool year (3yr, 4yr, or Jr. Kdg) and name of the preschool your child attends)

Does child have their own Bible? Y N Child's own e-mail address _____

Does child have allergies? Y N If yes, please list _____

Does child have health or special needs? _____ Would you like to be contacted by the Director of Children and Family Ministries. Y N The best time to reach me is _____.

You must return this completed form PRIOR to leaving your child(ren) in the nursery or any Sunday School classroom

