



Mequon United Methodist Church Family Registration 2017-18

Child's Name _____ Age ____ Birthday _____ T-Shirt Size _____

Grade ____ School _____ Allergies/Special Needs _____

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Grade ____ School _____ Allergies/Special Needs _____

Parent/s Name/s _____

Address _____

e-mail/s _____

Phone numbers where you can be reached during MUMC programming:

Home _____ Cell _____ Other _____

Custody of child/ren: ____ Both Parents ____ Mom ____ Dad ____ Other _____

Persons authorized to pick up child/ren ____ Mom ____ Dad ____ Others _____

Allergies – We often serve snacks and need to know if your child has allergies!

Special needs – We are honored to serve your child with special needs, but we need details.

*****Please list information about allergies, special needs and additional concerns/things we need to know about your child on the back of this form!**

Our program cannot run without volunteers. Can you help...

____ As a Teacher

____ Show Movies

____ Substitute Teach

____ As an Assistant

____ Prepare Crafts

____ Provide Snacks



Signatures Required Below!

In the event of a medical emergency where I cannot be reached, I authorize representatives from Mequon United Methodist Church to consent to treatment for my child/ren at the nearest medical facility. I also authorize transport of my child to this facility.

Parent/Guardian Signature _____ Date _____

Children who attend events at Mequon United Methodist Church may be photographed as they participate in activities. These pictures may be published in the newspapers, church publications, and on the church's website and Facebook page. I authorize the use of my child/ren's pictures by Mequon United Methodist Church.

Parent/Guardian Signature _____ Date _____