

United Methodist Church of the Pines
Wednesday Church School 2021-2022

Youth/Child Name	Grade	Birthday	School

Parents/Guardian Names: _____

Address: _____ City: _____ Zip: _____

Email: _____

Emergency Contact: Name: _____ Phone: _____

Name: _____ Phone: _____

In case of an emergency, staff and volunteers of United Methodist Church of the Pines are authorized to take my child/children to the hospital for emergency care.

Signature of Parent/Guardian: _____

I give permission for my child/children to be photographed and/or videotaped to be used in church publications such as newsletters, website, and Facebook.

I do not give permission for my child/children to be photographed or videotaped.

(over)

Are there any behavioral, dietary, allergies, or medical concerns we should be aware of that may affect your child's participation in church activities?

Do you need help transporting your child to or from Church School? (Circle one) YES NO

Are you willing to help transport children? YES NO

Signature of Parent/Guardian _____ Date: _____