

WUMC Children's Ministry Registration

Child's Name _____

Address _____

Phone _____ Birthday _____

Family email _____

Parent(s) _____

Best means of communication to family _____

Name of adults authorized to pick up child _____

School _____ Grade _____

Please Check All That Apply:

_____ Allergies If so, _____

_____ Medical Conditions If so, _____

_____ Snacks allowed during Sunday School or Junior Church

Media Release – Please indicate your preference

Yes, I give permission for Wilmington United Methodist Church's Children's Ministry leaders to take pictures and video of my child that may or may not be displayed on church bulletin boards or the church website.

NO, I do **NOT** give permission for Wilmington United Methodist Church's Children's Ministry leaders to take picture or video of my child for use by the church.

Parent's Signature _____

Date _____