



CHILDREN'S MINISTRY
FAMILY INFORMATION FORM
AUGUST 2018 TO JULY 2019

Household Information

Street: _____ City: _____ State: _____ Zip Code: _____

Parent Name(1) _____ Parent Name(2) _____

Mobile: _____ Mobile: _____

Email: _____ Email: _____

Employer: _____ Work Ph.#: _____ Employer: _____ Work Ph.#: _____

Child Information

Child Name: _____ **DOB:** / / _____ **Grade/Age:** _____ **School:** _____

Allergies: _____ Special Instructions: _____

Child Name: _____ **DOB:** / / _____ **Grade/Age:** _____ **School:** _____

Allergies: _____ Special Instructions: _____

Child Name: _____ **DOB:** / / _____ **Grade/Age:** _____ **School:** _____

Allergies: _____ Special Instructions: _____

Child Name: _____ **DOB:** / / _____ **Grade/Age:** _____ **School:** _____

Allergies: _____ Special Instructions: _____

Emergency contact (other than parent):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Permission and Release

Signature below shall constitute my permission as the parent/guardian of this child to participate in Christ Church United Methodist sponsored events between August 2018 and July 2019. These events may include, but are not limited to, ministry trips, games and special events. I understand that this child may be transported by bus, rental van (12-passenger or less), or car driven by staff or approved adult volunteers. I hereby release and hold harmless Christ Church United Methodist, its personnel, leaders and volunteers from any and all liability for any injuries, loss, or other claims arising out of this child's participation in these church sponsored events and activities. My signature below gives consent to any Christ Church United Methodist employee or volunteer to dispense medication as indicated above. This document or a copy thereof gives consent to any Christ Church United Methodist employee or volunteer, in an emergency when I cannot be contacted, to take this child to the nearest appropriate medical facility. The facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of this child.

Photo Release

Christ Church United Methodist may include photos of this child participating in church activities on its website, newsletters and/or promotional material. NOTE: It is our policy never to use full names with photos of child.

Parent/Guardian signature: _____ Date: _____

Return form in a SEALED ENVELOPE (Attn: Children's Ministries) to the Guest Services Desk or email to kathryn@ccum.net.