

PLATTE WOODS UNITED METHODIST CHURCH
NURSERY/SUNDAY SCHOOL
REGISTRATION FORM

Mother's Name _____
Work Phone _____ Cell Phone _____

Father's Name _____
Work Phone _____ Cell Phone _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Email Address _____ PWUMC Member Yes _____ No _____

Adult's Location During Sunday School Hour(s) _____

Emergency Contact: Name _____ Phone _____

Child's Name _____

Boy ___ Girl ___ Birth Date First ____ / Middle ____ / Last ____ Grade (Aug. 2009) ____ School _____

Conditions which may limit activities _____

Allergies _____ Medication(s) _____

Child's Name _____

Boy ___ Girl ___ Birth Date First ____ / Middle ____ / Last ____ Grade (Aug. 2009) ____ School _____

Conditions which may limit activities _____

Allergies _____ Medication(s) _____

Photo/Video Release Form

Snapshots and/or videos may be taken of the children during Sunday School. These snapshots and videos may be used on the LCD in worship services and for promoting various activities. The pictures are the sole property of PWUMC. Please sign below and state your desire as to the use of these pictures.

_____ **Yes**, pictures and/or videos of my child(ren) may be used.

_____ **No**, do not use pictures and/or videos of my child(ren).

Child(ren)'s Name(s) _____

Parent's/Guardian's Name (printed) _____

Parent's/Guardian's Signature

Date

(OVER)

Child's Name _____

Boy ___ Girl ___ Birth Date ^{First} ____ / ^{Middle} ____ / ^{Last} ____ Grade (Aug. 2009) ____ School _____

Conditions which may limit activities _____

Allergies _____ Medication(s) _____

Child's Name _____

Boy ___ Girl ___ Birth Date ^{First} ____ / ^{Middle} ____ / ^{Last} ____ Grade (Aug. 2009) ____ School _____

Conditions which may limit activities _____

Allergies _____ Medication(s) _____

Child's Name _____

Boy ___ Girl ___ Birth Date ^{First} ____ / ^{Middle} ____ / ^{Last} ____ Grade (Aug. 2009) ____ School _____

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