

Children's Ministry Information Sheet

Child's Name: _____

D.O.B: _____ Grade for '16-'17: _____ School: _____

Child's Allergies: _____

Child's Name: _____

D.O.B: _____ Grade for '16-'17: _____ School: _____

Child's Allergies: _____

Child's Name: _____

D.O.B: _____ Grade for '16-'17: _____ School: _____

Child's Allergies: _____

Child's Name: _____

D.O.B: _____ Grade for '16-'17: _____ School: _____

Child's Allergies: _____

Parent/Guardian Names: _____

Where Parent/Guardian Will Be: _____

Address: _____

City: _____ Zip: _____

Cell Phone Number: _____

Parent/Guardian Email: _____

Other Information: _____

****Photo/Video Release:** For privacy and safety, we will not publish names with photographs/videos. I authorize the use/release of photographs and/or videos that include the INDIVIDUALS NAMED ABOVE for UCUMC use, in print and electronic materials (worship videos, e-mail blasts, church website, Facebook, etc).

€ Photo/Video Release Given

€ Photo/Video Release Denied

Sign Here: _____

_____ YES, I would like a Key Fob _____ NO, I would not like a Key Fob