

NUMC Children's Ministry

Registration

Date of Registration _____

Child's Name _____ DOB _____

Mother/Guardian Name _____ Cell _____

Father/Guardian Name _____ Cell _____

Home Address _____

Home

Phone _____ Email _____

Allergies, Special Medical Concerns, Foods not allowed, and/or any Specific Guidelines(safety,pickup, etc. concerns we need to be aware of)

Please list below any person(s) authorized to sign out/pick up your child. (Children are released to adults age 18 or older and must be listed)

Name _____ Phone _____

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Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Please be aware your child's photo may be used in promotional/social media materials for use by the church.