

Please help us to serve you and your child better by completing and returning this form to the church.

Student Data
Student Profile

Student name

Last _____ First _____ M _____

Preferred name / nickname _____ Birthday _____

School _____ Grade _____ Brought by _____

Brothers/Sisters (with ages): _____

Student address

Street address _____ City _____ State _____ Zip _____

Alternate address _____ City _____ State _____ Zip _____

Home phone _____ Personal/Cell Phone _____

Email _____

Emergency contact (parent or guardian) _____ Phone _____

Emergency contact (non-parent or guardian) _____ Phone _____

My child has permission to be released to and/or go home with:

Primary guardian

Last _____ First _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Pager / beeper _____ Cell _____

E mail _____

Employer _____ Phone _____

Medical Info. and Allergies

Allergies: _____

Do you know of any serious medical conditions that might restrict your child's ability to participate in activities? Explain.

Model Release

_____ Yes, you may put photos of my child on the church website www.firstunitedmethodist.com.

_____ No, you may not put photos of my child on the church website www.firstunitedmethodist.com.

Parent Signature Date