

Madison United Methodist Church KIDS Ministry
2018-2019 School Year

Primary/Emergency Contact Information (PLEASE SIGN ON SECOND PAGE)

Full Name (Parent/Responsible Adult): _____ Relationship to Child(ren): _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Primary E-mail Address: _____

Parent Names: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Child #1

Full Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Current Age: _____

Grade for 2018-2019 School Year: _____ School: _____

Allergies/Other Medical Conditions, and/or Special Concerns: _____

- My child has permission to have his/her picture used for MUMC publicity in photo/video presentations, the church website, and MUMC facebook pages.
- You have my permission to share my e-mail address, mailing address, and phone number(s) with my child's teacher.

Child #2

Full Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Current Age: _____

Grade for 2018-2019 School Year: _____ School: _____

Allergies/Other Medical Conditions, and/or Special Concerns: _____

- My child has permission to have his/her picture used for MUMC publicity in photo/video presentations, the church website, and MUMC facebook pages.
- You have my permission to share my e-mail address, mailing address, and phone number(s) with my child's teacher.

Child #3

Full Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Current Age: _____

Grade for 2018-2019 School Year: _____ School: _____

Allergies/Other Medical Conditions, and/or Special Concerns: _____

- My child has permission to have his/her picture used for MUMC publicity in photo/video presentations, the church website, and MUMC facebook pages.
- You have my permission to share my e-mail address, mailing address, and phone number(s) with my child's teacher.

Child #4

Full Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Current Age: _____

Grade for 2018-2019 School Year: _____ School: _____

Allergies/Other Medical Conditions, and/or Special Concerns: _____

- My child has permission to have his/her picture used for MUMC publicity in photo/video presentations, the church website, and MUMC facebook pages.
- You have my permission to share my e-mail address, mailing address, and phone number(s) with my child's teacher.

**** If you have additional children please attach another form. ****

KIDS Ministry Opportunities

I am interested in helping with the following:

- KIDS Sunday School classes
- KIDS Wednesday Night classes
- Volunteering in the Nursery
Choose One: Infant Crawler Toddler
- Christmas/Advent activities
- Easter Activities
- VBS

Signature

Date

Please return to Renee' Scales, KIDS Ministry Director

Madison United Methodist Church – 100 Post Oak Rd. – Madison, MS 39110
renee@madisonumc.org or 601.856.6058