

**BRIGHT STAR UNITED METHODIST CHURCH
CHILDREN'S MINISTRY REGISTRATION FORM**

Date _____

Parent(s)/Guardian(s) Name _____

Home Address: _____ City: _____ State _____ Zip _____

Home Phone _____ Cell _____ email _____

Do you have a home church that you regularly attend? Yes () No ()

If yes, what is your home church name? _____

I am registering my Child(ren) for the following activities: (circle all that apply)

Sunday Morning Wednesday evening Special Event _____

Children	Birthday	Current Grade	Allergies/medical conditions/ Special needs
1			
2			
3			
4			

Other people who may pick up your child/Children

_____ Relationship _____
 _____ Relationship _____
 _____ Relationship _____
 _____ Relationship _____

Parent information – IN CASE OF EMERGENCY

Cell phone number _____

Service normally attending _____

Adult Sunday School Class (Class Name and Location) _____

Weekday Studies _____

I/We are () Members () Visitors

Consent to Photo Agreement: *I grant permission for my child's photograph or image to be published in print (newsletters, brochures, newspapers, church Facebook Page or church website, etc.), video or on the internet in conjunction with the promotion of Bright Star UMC. I understand that at no time will my child's partial or full name, or any identifying information, be attached to any material used in promotion.*

Accept () Decline ()

Parent's Signature _____