

**First United Methodist Church of Windsor  
2018/2019 Children's Ministry  
REGISTRATION FORM**

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Date-of-Birth \_\_\_\_\_ Grade for 2018/2019 \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parents or Legal Guardians: \_\_\_\_\_

Cell Phone Numbers \_\_\_\_\_  
(Mom) (Dad)

Email Address: \_\_\_\_\_  
(Mom) (Dad)

Child's Allergies/and or Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address \_\_\_\_\_



***Are you interested in helping with our Children's Ministry program? This is a huge blessing to our children and in turn blesses the parents as they serve. Please check an area of interest.***

- Teach or Assist Children's Sunday School Age/grade: \_\_\_\_\_
- Holiday/Seasonal Festivals and Events Volunteer
- Vacation Bible School Volunteer

May we have your permission to: Photograph your child? \_\_\_\_\_ Y or \_\_\_\_\_ N  
Use your child's photo in church publications? \_\_\_\_\_ Y or \_\_\_\_\_ N