

Children's Ministry Registration 2025

Child/Children information

Name(s): _____

Age(s) and grade(s) in school _____

Preferred pronouns _____

Allergies _____

Any extra needs _____

Parent(s)/Caregiver(s) information

Name: _____

Email address: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____

Emergency Treatment

In the event of an illness or accident that requires medical treatment, parents/caregivers will be contacted immediately, using the cell phone number listed above. Please list two emergency contacts and phone numbers as backup.

Media Release

Occasionally, we take photographs and videos of activities and programs at church and like to post them in Belmont UMC's newsletter, website, Realm news, and social media platforms (Facebook and Instagram). Sign below to indicate that you give permission for this. Names are never posted.

Signature_____

Date_____

Parent/Caregiver Involvement

Do you have any talents you would be willing to share with us (costume making, helping with art projects, party planning, ability to speak other languages, singing, playing instruments, etc.)?
