

Nevada First United Methodist Church

Registration & Contact Form

Only One Form per Family

Address where children/youth live			
Address where children/youth live			
• -			
City	Zip	Ph	one #
I understand that in case of an emergency, 911 facility. I give my consent for treatment, unless o			n to the most appropriate medica
Signature of Parent or Guardian			
The church has my permission to use pictures	s of my children/you	ith in advertising, we	eb page, newsletter and other
publications. Signature of Parent or Guardia	an:		
If you would like to help in a Sunday School	ol class, please X th	is box.	
If you will usually be in the church building	na durina tha Sundi	ay Sahaal hayr plac	aca Y this box
II you will usually be in the church building	ig during the Sunda	ay Scriooi riour, pież	ase A triis box.
Contact Information: PLEASE share paid Fill out address and			
Mother/Guardian			<u>000</u>
Cell Phone			
Address		City	Zip
Father/Guardian			
Cell Phone	Email		
Address		City	Zip
NOTE: Children (ages 2 – 4 th grade) n Please list others who may pick up yo			m or church activities:
younger children.			grade or erder to provide

Please fill out medical and behavioral info where applicable and specify to which child information pertains \$\trianglerightarrow \trianglerightarrow \trianglerigh	S .
Allergies:	

Medical or Behavior Conditions leaders/staff should be aware of:

+	Share information/suggestions/improvements/opinions that will help us in our Christian formation and education planning for all ages. THANKS!

This form will be kept in a secured file in the church office.

Note: This is not a permission form. A separate form will need to be filled out and signed by parents should your child or youth participate in an overnighter or a trip away from the church grounds.