

STREETSBORO UMC CHILDREN'S INFORMATION FORM

(Birth through Age 18)

Effective Dates: _____ to _____

Name of Child _____ Grade _____

Parent/Guardian's Name(s) _____

Address: _____

Email: _____

Phone/Cell: _____ Birthdate: _____ Age: _____

Additional contact person & phone # _____

_____ has my permission to participate in the following activities sponsored by Streetsboro United Methodist Church (hereinafter referred to as the "Church").

☐ Sunday School ☐ Children's Choir ☐ Nursery ☐ Childcare during church functions
☐ 4-5-6ers ☐ UMYF Other: _____

Where will you be during activity (worship, Sunday school class, small group, etc.) and what is the best way to contact you (cell phone, text, etc.)?

Who has permission to pick up your child?

Child's allergies: _____

Child's special needs: _____

Medical insurance company _____ Policy # _____

Choice of hospital: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.