



REGISTRATION FORM

(one per child)

July 17th to 21st – 9am to noon

Child's Name: _____

Age: _____ Birth Date: _____

Address: _____

City/State: _____ Zip Code: _____

Contact Number: _____

Email Address: _____

Food Allergies: _____

Medical Issues: _____

Medications: _____

Lives With – Name: _____ Phone Number: _____

Relationship to Child: _____

Emergency Contact: _____ Phone Number: _____

I, _____, give permission to the persons listed below to pickup and drop off my children at all church related activities. I understand that my child will not be released to anyone not on the list below under any circumstances. Thank you for your cooperation – we want this to be a safe and fun learning environment for your child.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I grant permission for Hudson FUMC to use photos of my child, when available, for church publicity. Please Check: Yes _____ or No _____

Parent/Guardian: _____ Date: _____