



Leander United Methodist Church



"The Church Love Grows"

Children's Program Registration

Please complete this form for all children ages 18 and younger. This information will help us place your child(ren) in their groups, Sunday school classes, locate the parents if necessary, and make sure we are providing the best possible care.

Parent Name(s): _____

Address: _____ City/State/Zip: _____

Mom Cell: _____ Dad Cell: _____ Home Phone: _____

Preferred Email: _____ Email belongs to: ___ Mom ___ Dad

CHILDREN'S INFORMATION *(Last name only necessary if different from parent's)*

1) Name: _____ Age: _____ Date of Birth: _____

___ Male ___ Female Grade Level: _____ School Attending: _____

Allergies/Special Concerns: _____

2) Name: _____ Age: _____ Date of Birth: _____

___ Male ___ Female Grade Level: _____ School Attending: _____

Allergies/Special Concerns: _____

3) Name: _____ Age: _____ Date of Birth: _____

___ Male ___ Female Grade Level: _____ School Attending: _____

Allergies/Special Concerns: _____

REGISTRATION FOR:

Sunday School (9:45 am) Children's Church (11:00 service) Children's Programs (monthly) Nursery

Other: _____

WHERE CAN WE FIND YOU?:

Parent's location(s) on Sunday mornings: _____

If we need to reach you, when you are not onsite, what number should we call first? _____

(Continued on the back)

Help Us Better Get To Know Your Child!



PLEASE TELL US MORE ABOUT YOUR CHILD(REN)!

Are there any special needs and/or medical concerns you would like to share with us? (please list name of child)

Often, food will be incorporated into the lessons. It is important that you list any allergies or dietary restrictions on the first page so that we can plan accordingly. Please make any additional notes about food and drink preferences:

Do we have your permission to photograph your child(ren) participating in church activities for use in church publications and/or on the church's website? (No names will be used.)

Yes No

OTHER EMERGENCY CONTACT INFO:

Name: _____ Relationship to child: _____ Phone: _____

NOTE TO PARENTS:

- Classrooms without bathrooms will operate on the buddy system.
- Our programs depend on parent volunteers throughout the year. Check the box if you would like to be added to our Children's Program Volunteer email distribution list.
 Yes! Please add me to the volunteer distribution e-mail list.

I understand that the information provided on this form will be held confidential between family and persons who need to know (e.g. church staff and volunteer teachers). If medical attention is required, I understand this information may be released to medical professionals.

Parent/Guardian Signature: _____ Date: _____