

**MARSHALL UNITED METHODIST CHURCH**

**Children's Ministries  
Registration Form**

---

(Please complete one form per child)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Email address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Please list in the order we should attempt to contact, should an emergency arise)

1. Name of person to contact: \_\_\_\_\_

1st Phone Number: \_\_\_\_\_ 2nd Phone Number: \_\_\_\_\_

2. Name of person to contact: \_\_\_\_\_

1st Phone Number: \_\_\_\_\_ 2nd Phone Number: \_\_\_\_\_

**PLEASE LET US KNOW ABOUT YOUR CHILD**

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Does your child use an inhaler? \_\_\_\_\_

Special medical concerns: \_\_\_\_\_

\_\_\_\_\_  
Name of person completing this form: \_\_\_\_\_

---