

State Street UMC Child Information - Preschool

Child's Full Name _____ Birthdate _____

Parents' Names _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Allergies/Special Needs _____

Snacks may be given to my child. ____ Yes ____ No

Please provide information for a 2nd parent/guardian if information differs from above.

Name _____ Phone _____

Address _____

Email _____

Does your child take medication? Yes ____ No ____ If yes, please describe:

Please list any additional information that will help us best care for your child:

Parent/Guardian Permissions

- I give permission for photographs/videos of my child to be used for ministry publicity, either printed or electronic. I understand my child's name will not be disclosed.
- I give permission for adult personnel designated by SSUMC to obtain emergency medical services for my child, including transportation to the hospital emergency room, in the event of emergency.
- I give permission for volunteers/staff to administer first aid treatment to my child while participating at SSUMC programs.

Parent/Guardian Signature

Date