

**State Street UMC Child Registration  
Infant-Toddler-2**

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

Toilet training needs/instructions \_\_\_\_\_  
\_\_\_\_\_

Cheerios/water may be given to my child (age six months and above only).

\_\_\_\_ Yes    \_\_\_\_ No

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