

Children's Ministry Family Information Card

Return completed card to Children's Ministry

Today's Date ___/___/___

Photo Release
 First United Methodist Church
 may use photos for publicity
 publications YES NO

Initial here

Child _____ Date of Birth ___/___/___
First Last

Gender M / F Age _____ Grade _____

School _____ City of School _____

Allergies/Special Needs: _____

Child _____ Date of Birth ___/___/___
First Last

Gender M / F Age _____ Grade _____

School _____ City of School _____

Allergies/Special Needs: _____

Child _____ Date of Birth ___/___/___
First Last

Gender M / F Age _____ Grade _____

School _____ City of School _____

Allergies/Special Needs: _____

Child _____ Date of Birth ___/___/___
First Last

Gender M / F Age _____ Grade _____

School _____ City of School _____

Allergies/Special Needs: _____

Your Name _____ Date of Birth ___/___/___
First Last Relationship

Cell # _____ email _____

Street Address _____

City _____ State _____ ZIP _____ Home Phone (____) _____ - _____

Additional Guardian at this Address _____
First Last Relationship

Date of Birth ___/___/___ Cell # _____ email _____

Optional: Connect my child(ren) to these FUMC adult(s) for check-in and pick-up purposes.

Name	Address	Relationship
Name	Address	Relationship