

REGISTRATION FORM

CHILDREN: Age Two – First Grade

2010/2011 Year

Age _____ Date of Birth _____

Participant's Full Name _____ Nickname _____

Address _____

Home Phone _____ Cell Phone _____

E-mail (parents) _____

School Attending _____ Date of Baptism _____

Have you received a Bible from your church? _____ When? _____ Where _____

Father's Name _____ Phone _____

Address _____ Wk Phone _____

Mother's Name _____ Phone _____

Address _____ Wk Phone _____

Others Living in Participant's Home:

Name	Relationship	Age (of siblings)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies? Y or N If yes please describe _____

Medications? Y or N If yes please describe _____

Please REGISTER my child in:

CHILDREN AND WORSHIP
Age 4 (by September 1) – 1st Grade _____ (8:30 & 11:00)

SUNDAY SCHOOL
Age T/2 – 1st Grade _____ (9:45)

May we have your permission to take your child's photograph or video with/without voice to be used in a Towson UMC presentation or publication? ____ yes ____ no

Do you have any concerns we should be aware of?

PARENT/GUARDIAN'S SIGNATURE _____ Date _____