

Hopewell UMC
Children's Ministries

Creative Arts

Parents' Names: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Please enter your child(ren)'s individual information on the back of this form.

Are you available to help out with Creative Arts Ministry? Yes No Maybe

Name of person available: _____ Telephone: _____

Person responsible for picking up child(ren) at the end of evening:

Name: _____ Telephone: _____

Can your child(ren)'s photograph, digitized image, video and/or voice recording appear in Hopewell UMC. Children's Ministries printed publications, power point presentations, slide shows, videos, multimedia productions and website?
Yes No Your Child/Children will not be identified by name.

Please complete the medical authorization below.

In the event of any EMERGENCY, I authorize the Children's Ministries group leader of Hopewell United Methodist Church, or their designated representative, to act in my behalf to secure necessary EMERGENCY MEDICAL TREATMENT for:

Child's Full Name _____

Signature of parent or legal guardian _____ Date _____

EMERGENCY TELEPHONE NUMBER: (Phone number where Children's Ministry leader can reach parent, relative or legal guardian of child named above during this scheduled event.)

Parent () _____

In case of emergency (when the parents cannot be reached) please contact:

Name: _____ Telephone: _____

Relationship to child(ren): _____

PLEASE ENTER CHILD(REN)'S INFORMATION ON THE REVERSE SIDE.

Child #1

Name: _____

Sex M F

School Grade: 1 2 3 4 5 6

(circle one)

Birth Date: _____

Please list any allergies (including food allergies) we should be aware of:

Please describe any other medical conditions, behavioral issues, or special needs that we should be aware of. Include any medications your child is currently taking.

Child #2

Name: _____

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Sex M F

School Grade: 1 2 3 4 5 6

(circle one)

Birth Date: _____

Please list any allergies (including food allergies) we should be aware of:

Please describe any other medical conditions, behavioral issues, or special needs that we should be aware of. Include any medications your child is currently taking.

This completed registration form can be placed in mailbox #C3 just inside Hopewell's main entrance. Or it can be mailed to the church at:

Hopewell UMC 852 Hopewell Road, Downingtown, PA 19335

If you have any questions regarding registration, please contact Patty Weihler at 610-269-1545.