WUMC 2009 – 2010
Christian Education Registration

Please fill out this form and return it to your child's teacher. A newly completed form is required this year regardless of past registration.

Child's Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anything we should know about your child(ren) concerning allergies to food or other substances and/or behavior / emotional concerns? We will hold any information you share in strict confidence.

_____

_____

Father's Name_____

Father's Address _____

_____

Home Phone_____ Cell Phone_____

Work Phone_____

E-mail Address _____

Mother's Name_____

Mother's Address (if different) _____

_____

Home Phone_____ Cell Phone_____

Work Phone_____

E-mail Address _____

WUMC 2009 – 2010
CHRISTIAN EDUCATIONPERMISSION FORM

I give permission for my child(ren),

_____,

_____,

_____,

to participate in all WUMC Christian Education sponsored activities, including events outside of the physical structure of the church, providing there is supervision by at least two adult chaperones at each event. It is my understanding that every precaution will be taken for the safety and well-being of my child(ren). However, in the event of accident or sickness, Williamsville United Methodist Church, its staff, and its volunteers are hereby released from any liability.

_____ _____
Parent or Guardian Signature Date

_____
Print Name

I give permission for the photographs or video footage of the above mentioned child(ren) to be used in various media throughout the church. This includes, but is not limited to, bulletin boards, newsletters, bulletins, posters, and WUMC's Web site. I further understand that at no point will my child's /children's name(s) be attached to any photograph or video footage used in any of the media mentioned previously.

_____ _____
Parent or Guardian Signature Date