

WUMC 2010-2011 Christian Education Registration

Please fill out this form and return it to your child's teacher. This form is needed regardless of any past year's registration.

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

Is there anything that 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 _____

CHRISTIAN EDUCATION PERMISSION FORM

I give permission for my child(ren),

_____ ,

_____ ,

_____ ,

to participate in all Christian Education sponsored activities, including events outside of the physical structure of WUMC, 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), but in the event of accident or sickness, Williamsville United Methodist Church, its staff, and its volunteers are hereby released from any liability.

Parent's Signature
Date

Printed 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, bulletins, posters and our website. I further understand that at no point will my child's /children's name(s) be attached to any photograph or video footage directly related to our web pages.

Parent or Guardian Signature
Date