

Dulin United Methodist Church Children's Form 2018/2019

Emergency Form

Child's Name _____

Nickname _____

Date of Birth (mm/dd/yy) _____ Grade - School Year 2018-2019 _____

Name of School for 2018-2019 _____

Allergies/Medical Information:

Academic concerns/needs:

Other concerns:

Parent's Name _____

Address _____

City, State ZIP _____

Home Telephone _____ Cell _____

E-Mail _____

Name(s) of person(s) who may pick this child up from activities:

Emergency Contact: (other than parent)

Name _____ Phone _____

Other children attending Sunday School:

Are you willing to help with Sunday School or other children's activities? Yes No

Photo Release

- I grant permission for photos or videos to be taken of my child during the 2018-2019 year to be used in print or online for the purpose of promoting the ministries of Dulin Church.
- I do not grant permission for photos or videos of my child to be taken.

Parent/Guardian signature: _____

Date: _____

For Office Use Only	PR	App_____	Napp_____
SafeChurch_____	Dulin Policy	_____	