



DAVIS FIRST UNITED METHODIST CHURCH
UMYF REGISTRATION FORM
FOR SCHOOL YEAR 2015-2016

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers

Home _____

Cell _____

Work _____

Age Information

Date of Birth _____

Age _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other _____

Emergency Contacts

Name _____

Phone _____

Name _____

Phone _____

Dismissal Information — Name(s) or person(s) who may pick up this child from UMYF

Other Information (church use only)

Group _____

Are parents helping with UMYF? _____

If yes, where? _____