

DOWNTOWN KIDS

REGISTRATION FORM

NAME _____ Grade _____

Birthday _____ Age _____ School _____

Parent/Guardian Name _____

Phone #'s Home _____ Cell _____ Work _____

Address _____

Allergies or special needs _____

Emergency Contact _____

Emergency Contact phone _____

Who is allowed to pick up children? _____

I would like to be part of texting program that provides important updates? Yes No

Does your child need transportation to and/or from Downtown Kids? Yes: To__ From__ No__

Does your child have a friend in need of transportation? If so:

Name _____ Address _____ Parents' Names _____

Phone Number _____ (We also ask you to consider carpooling)

Choose one!

___ Yes! I give permission for photo's to be taken and used of my child according to the FUMC photo Policy.

___ No! I do not give permission for photo's to be used of my child according to the FUMC photo policy.

Choose one!

___ Yes! I give permission for my child to be transported via church transportation for field trips.

___ No! I do not give permission for my child to be transported via church transportation for field trips.

I give my child, listed above, permission to participate in the Downtown Kids program. In the event of an emergency requiring medical attention I give the staff of First United Methodist Church permission to seek necessary medical help until I can be reached.

Parent/Guardian Signature: _____

Date: _____

