



REGISTRATION FORM Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Saint Paul UMC 204 E. Chestnut St. Goldsboro, NC 27530

Parents:

Dad's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mom's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<p><b>First</b> Child: First Name _____ Last Name _____ Age _____ Grade _____ Birthday _____ Boy or Girl Allergies or Special Needs? _____</p>
<p><b>Second</b> Child: First Name _____ Last Name _____ Age _____ Grade _____ Birthday _____ Boy or Girl Allergies or Special Needs? _____</p>
<p><b>Third</b> Child: First Name _____ Last Name _____ Age _____ Grade _____ Birthday _____ Boy or Girl Allergies or Special Needs? _____</p>
<p><b>Fourth</b> Child: First Name _____ Last Name _____ Age _____ Grade _____ Birthday _____ Boy or Girl Allergies or Special Needs? _____</p>

Local Emergency Contact Other than Parent:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

I understand and agree that my child's photograph may be taken while in Saint Paul Kids Ministry or Events and may be used on printed or published publications.

Signature of Parent \_\_\_\_\_