



PARENT'S INFORMATION

Father's Name _____

Mother's Name _____

Address _____

City _____ Zip _____ Home Phone _____

Dad Cell _____ Mom Cell _____

Email _____

PARENT VOLUNTEERS ARE THE HEART OF CHILDREN'S MINISTRIES! WE ASK THAT PARENTS VOLUNTEER AT LEAST 2 TIMES PER QUARTER.

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Class Leader | <input type="checkbox"/> Nursery | <input type="checkbox"/> Greeter | <input type="checkbox"/> Class Floater |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Kids For Christ | <input type="checkbox"/> Mission Possible Kids | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Shepherd | <input type="checkbox"/> Gary's Angels | |

CHILD #1

Name _____ M / F

Birth Date ____/____/____ Age _____ Grade _____

Allergies/ Special Needs _____

Special Buddy Required? Yes No

CHILD #2

Name _____ M / F

Birth Date ____/____/____ Age _____ Grade _____

Allergies/ Special Needs _____

Special Buddy Required? Yes No

CHILD #3

Name _____ M / F

Birth Date ____/____/____ Age _____ Grade _____

Allergies/ Special Needs _____

Special Buddy Required? Yes No

Photography Waiver: I understand St. Andrew UMC from time to time produces promotional material about its programs. I understand that my child/ren may be included in video tape or photographs taken at the church. I hereby grant to St. Andrew UMC the right to photograph and/or video tape my child/ren and further utilize participant's name, face likeness, voice and appearance as part of the program and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that St. Andrew UMC is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant(s).

Signed _____ Date _____