CHRISTIAN EDUCATION ENROLLMENT
& PERMISSION FORM

Family Last Name: _____

Address: _____

Phone #: _____ Cell #: _____

E-mail Address:_____

Parents Name:_____

Emergency Contact: _____ Phone #: _____

STUDENT 1:
Name: _____
Grade: _____
Date of Birth: _____

STUDENT 2:
Name: _____
Grade: _____
Date of Birth: _____

STUDENT 3:
Name: _____
Grade: _____
Date of Birth: _____

STUDENT 4:
Name: _____
Grade: _____
Date of Birth: _____

If additional students, please use the back of the form. Thanks

Please list any allergies (food, latex, bees, etc) and/or special needs . Please list students name first.

_____

_____

Please indicate who has permission to pick up your students. (If someone other than who is listed needs to pick up your students, please provide a note.) If custody restrictions exist, please note.

_____

_____

My students have permission to attend Field Trips with FUMC. YES NO

My student's photos/videos maybe used in/on church publicity (pictures, videos, internet)
. YES NO

I give permission to administer Ibuprofen or Tylenol, cough drops, band aids, etc for minor health irritates. YES NO

_____ _____
Parent Signature Date