
Name of Child (First Middle Last) Male Female

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Grade: _____

Baptized: Yes No If no, would you like to be contacted by the pastor about baptism? Yes No

Church baptized at and date/child's age at time of baptism

Home Address (Street)

Home Address (City, State & Zip)

School child attends

Parent/Guardian's Name

Email Address

Home Phone

Cell Phone

Parent/Guardian's Name

Email Address

Home Phone

Cell Phone

Please list all persons and their relationship WHO ARE AUTHORIZED to pick up your child:

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact (Name, Relationship, Phone Number)

Health Care Provider and Phone Number

Please list all medical conditions affecting your child's activity and/or learning (i.e. food allergies, medication allergies and physical or other limitations):

Anything else to help us to nurture your child's Christian education:

Church Website/Publication Parental/Guardian Consent Form

Please check one of the boxes below and sign:

- I hereby consent to allow pictures of my child taken at various San Dieguito United Methodist Church functions, (i.e. Sunday School, Children's Moment, Vacation Bible School, United Methodist Youth Fellowship) to appear on the church's website (www.encinitaschurch.com) or in the church's publications (brochures, La Paloma, advertisements such as direct mailers). I understand that any church publication may have a readership beyond our own congregation, and that my child's name will not appear in any photos, to identify him/her.

- I do NOT wish any photos of my child to appear on the church's website or in church publications.

Signature of Parent/Guardian

Date

Printed Name