

Last Name _____
Registration Date _____

NURSERY/CHILDREN'S MINISTRY REGISTRATION

Santa Cruz Valley United Methodist Church

Child Name _____ Nickname _____
Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name _____
Phone (home) _____ (cell) _____
Address _____
City/State/Zip _____
e-mail address _____

Known allergies, medical conditions or special needs _____

Special or modified diet _____

Siblings' names and grades _____

AUTHORIZATION

Person/s authorized to pick child up

Name _____
Relationship to child _____

Name _____
Relationship to child _____

Person/s not authorized to pick child up _____

Parent/Guardian Signature _____
Ministry Director Signature _____