

**FIRST METHODIST CHURCH of MABANK**  
**Registration Form**

All information is kept private and used for the sole purpose of FMC of Mabank Children's Ministry for attendance and communication with parents and legal guardians.

If you have any concerns, please speak with Pastor Dan Gurley.

**Please complete the form and return to linda Jackson.**

**The original will be kept in the church office, a copy in the Littles room.**

**CLASS GROUP: Littles**

**Leaders: Judy and Sid Pickup**

**Wednesday evenings 5:15 PM – 6:00 PM, followed by dinner**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

\_\_\_\_\_

**Child will be picked up on Wednesday evenings by:**

\_\_\_\_\_

\_\_\_\_\_

Are there any **medical concerns** we should be aware of? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Any **other or additional concerns** that we should be aware of? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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### **FOOD and SNACKS**

Are snacks acceptable to give to your child? \_\_\_\_\_

Is candy acceptable to give to your child? \_\_\_\_\_

Any **food allergies? Please be specific.** \_\_\_\_\_

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If indicated "Yes" below, the First Methodist Church of Mabank will have permission to use photographs taken of my child for informational and publicity purposes, including, but not limited to, MM Newsletters, press releases, bulletins, website postings, advertisements, or other legitimate purposes for and on behalf of FMC of Mabank and its ministries.

**Please indicate Yes or No:** \_\_\_\_\_

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**Signature**

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**PRINTED NAME**

**Date:** \_\_\_\_\_