

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 MMs room.

CLASS GROUP: MINI METHODISTS

Leader: linda Jackson

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: _____

City: _____ State:_____ Zip:_____

Email: _____

Phone number(s):_____

Cell

Home

Cell

Home

Child will be picked up on Wednesday evenings by:

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

If yes, please explain: _____

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

If yes, please explain _____

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.** _____

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: _____

Signature

PRINTED NAME

Date: _____