

**FIRST METHODIST CHURCH MABANK
Registration Form**

All information is kept private and used for the sole purpose of FMC Mabank Children's Ministry for attendance and communication with parents and legal guardians. If you have any concerns, please speak with Pastor Jim Pegan.
Please complete the form and return to linda Jackson.

CLASS GROUP: MINI METHODISTS
Leader: linda Jackson, Director of Children's Ministries
Wednesday evenings 5:15 PM – 6:30 PM

Child's Name: _____

Date of Birth: _____

Name of Mother/Guardian _____

Name of Father/Guardian _____

Address: _____

Email: _____

Phone number(s): _____

Children will be picked up on Wednesdays by

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

If yes, please explain: _____

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

Please indicate Yes or No: _____

Signature

PRINTED NAME

Date: _____