

# Faith Factory Sunday

St. Marks United Methodist Church 37 East Main St., Mount Joy, PA 17552 (717) 653-5493

## 2016-2017 School Year (Sept-August)

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

Mailing Address (street, city, state, zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Phone Numbers: Please put a 'star' next to the number as our first contact.

Home Phone: \_\_\_\_\_ Mom's Work: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_

Preferred Parent Email: \_\_\_\_\_

In the event of an emergency and a parent/guardian cannot be contacted, please contact the following relative...

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone number: \_\_\_\_\_

Adults authorized to drop off/pick up your child: \_\_\_\_\_

### Allergies (Check Those That Apply)

\_\_\_\_\_ Animals    \_\_\_\_\_ Medicines/Drugs    \_\_\_\_\_ Foods    \_\_\_\_\_ Plants    \_\_\_\_\_ Hay Fever  
\_\_\_\_\_ Pollens    \_\_\_\_\_ Insect Bites    \_\_\_\_\_ Other

Please explain any allergies checked above and list treatment if any is necessary:

### Website Release Permission

I hereby give St. Marks United Methodist Church permission to use the photographs/sound/video of the minor(s) named above for web site use. This might also apply to the written composition or visual art of the minor if it is published. I hereby release and discharge St. Marks United Methodist Church from any and all claims arising out of the use of the photographs/sound/video/ composition that the minor listed may have in this regard.

→ Signature of Parent/Guardian: \_\_\_\_\_

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