



First UMC Child Information Sheet

Today's Date: _____

Name of Child: _____ What does your child prefer to be called? _____

Age of Child: _____ Date of Birth: _____

Area of Youth Ministry (circle one): NURSERY SUNDAY SCHOOL

Parent/Guardian #1 _____ Contact (cell): _____

Parent/Guardian #2 _____ Contact (cell): _____

Home Address: _____ Family E-mail: _____

_____ Other E-mail: _____

Who else is authorized to pick up your child from nursery?

NAME: _____ RELATION: _____ PRIMARY CONTACT: _____

NAME: _____ RELATION: _____ PRIMARY CONTACT: _____

Does your child have any allergies? If yes, please list below.

Are there any other special restrictions? If yes, please list below.

Does your child have any medical concerns the staff should be aware of? If yes, please explain.

Please list any other special instructions or things about your child you would like us to know about (you may use the back of this sheet if need be).