

**State Street United Methodist Church  
Child Program Participation  
Personal Information Form**

*This form must be filled out and/or updated annually.*

This form was submitted or updated on \_\_\_\_\_ (Date)

Full name of child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Attends \_\_\_\_\_

Parents' or legal guardians' names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Employment (Father) \_\_\_\_\_

Work Phone (Father) \_\_\_\_\_ Cell (Father) \_\_\_\_\_

Place of Employment (Mother) \_\_\_\_\_

Work Phone (Mother) \_\_\_\_\_ Cell (Mother) \_\_\_\_\_

Email (Father) \_\_\_\_\_ Email (Mother) \_\_\_\_\_

Email (Child) \_\_\_\_\_

*Please provide the information for a second parent or guardian if that information differs from any of the above.*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Medical Information:**

Name of child's physician \_\_\_\_\_

Physician phone number \_\_\_\_\_

Insurance information \_\_\_\_\_

Allergies? \_\_\_\_\_ Please describe.

Does your child take medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe.

**Additional Information**

Name and phone number of additional contact person in case of emergency. (this should be someone who is familiar with the family members and who would be likely to know where a parent or guardian can be located.)

\_\_\_\_\_  
Name Phone

**Parent/Guardian Permission**

I hereby give permission for photographs or videos taken of my child to be used for ministry publicity, either printed or electronic. I understand that my child's name will not be disclosed.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission to adult personnel designated by State Street United Methodist Church to obtain emergency medical services including transportation to the hospital emergency room for my child if immediate medical care is necessary.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for State Street UMC volunteer or staff to administer first aid treatment to my child in any situation encountered while my child is participating in a program with State Street United Methodist Church.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for my child to travel by church van and to cross state lines to participate in activities with State Street United Methodist Church.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent or guardian signature Date

Relationship to child \_\_\_\_\_

*All information will be assumed to be current.  
It is the responsibility of the parent or guardian to update this information as needed!*

Information is correct and/or updated \_\_\_\_\_  
*Parent initial and date* *Parent initial and date*