

DUMC Children's Registration
2024/25
Davis United Methodist Church
1620 Anderson Road, Davis, CA 95616

At DUMC, we want to provide a safe and loving environment where your child can learn and worship! Please answer the following questions so we can successfully assist your family. Our Children's Ministry leaders will respect your family's right to privacy and only share the information below with Sunday School teachers and care providers on a need to know basis.

General Information

Parent/Guardian 1:

Name:

Preferred Pronouns:

Family Street Address:

City:

Zip:

Email:

Cell Phone:

Parent/Guardian 2:

Name:

Preferred Pronouns:

Family Street Address:

(If Different than listed above)

City:

Zip:

Email:

Cell Phone:

Child(ren) Names:			
Birthdate			
Grade			
School			
Preferred Pronouns			

Are you or your child interested in being baptized? (circle one)

Yes

No

Already Baptized

Program interest: (Circle all that apply)

Sunday School

Children's Choir

Service Projects

Infant/Toddler programming

Medical Information:

Does your child have any medical condition or diagnosis that would be helpful for staff to be aware of? (ADHD, Autism, Diabetes, etc.).

Does your child(ren) have any food allergies?

Are any of these allergies life threatening? YES or NO

PHOTOGRAPHY Permission

I, _____ (parent/guardian)

- ☐ give permission for my child(ren) to be photographed
- ☐ DO NOT GIVE permission for my child(ren) to be photographed

while participating in DUMC events with the understanding that the photos will not be posted beyond the church without additional permission.

Signature of parent/guardian _____

Medical Release

In the event of an emergency, if a parent/guardian cannot be contacted, I hereby authorize emergency treatment to be administered.

Physician Name: _____

Phone Number: _____

Medical Insurance: _____

Policy Number: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Signature _____

Date _____