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| PERSONAL INFORMATION |
| Child’s Name: |
| Date of Birth: | Age: | Grade in school: |
| School child attends: |
| FAMILY INFORMATION |
| Parent(s)/Legal Guardian(s) |
| Address: |
| Phone numbers: |
| Email addresses: |
| Names and ages of siblings (if any): |
| GENERAL MEDICAL INFORMATION |
| Allergies: |
| Physical limitations/medical conditions/other health concerns/special needs: |
| **Parental Consent**: My child’s picture or person can be used to advertise Sunday school and other Children’s Ministry events in print (i.e., church newsletter or website): Yes\_\_NoAnd/or on social media (i.e., church Facebook page): Yes No |
| Parents signature: | Date: |

Parent responsible to notify the church, in writing, if any of the above information changes.

This form can be emailed to the Children’s Ministry Director (alethea.coulter@rushumc.org) or mailed/dropped off to the church office (Rush Church 6200 Rush-Lima Road, Rush, NY 14543)