



# 2010-11 Registration Form For Children and Youth Programs

**McCabe United Methodist Church**  
1030 N. Sixth Street, Bismarck ND 58501  
701 255 1160  
www.mccabeumc.com

**Child/Youth Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Child/Youth Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Brothers & Sisters: (name & age)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupations & Places of Work of Parents/Guardians

\_\_\_\_\_  
\_\_\_\_\_

Child/Youth Allergies or Health Conditions

\_\_\_\_\_  
\_\_\_\_\_

Special Information for Teacher or Leader

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Do you have restrictions about how this child/youth may be dismissed from class or group?  
**Nursery—Kindergarten may only be signed-out to parents or other individuals designated by written permission.**

YES \_\_\_\_\_ NO \_\_\_\_\_ Specify: \_\_\_\_\_

This child/youth has permission to engage in McCabe UMC activities off-site and if necessary can be transported in a private vehicle. YES \_\_\_\_\_ NO \_\_\_\_\_

This child/youth's picture, without identification, may be used on a McCabe UMC website or in printed materials. YES \_\_\_\_\_ NO \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_