



**First United Methodist Church  
HeavenBound Children's Ministry  
2007 Enrollment Form**

**PLEASE COMPLETE ALL INFORMATION**

**Child's Information:**

<b>Last Name:</b>	<b>First</b>
<b>Birthdate:</b>	
<b>Street Address:</b>	
<b>City:</b>	<b>Zip Code:</b>
<b>Date Enrolled:</b>	

**Parent Information:**

<b>Last Name:</b>	<b>First</b>
<b>Street Address:</b>	
<b>City:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	

**Emergency Contact Information:**

People on this list may be notified in case of illness or accident and are authorized to pick your child up.

<b>Authorized Name:</b>	<b>Relationship:</b>	<b>Telephone Number(s):</b>
(1)		
(2)		
(3)		

**Special Health Concerns/Allergic Reactions:**


**Emergency Medical Release and Authorization:**

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the First United Methodist Church Children's Ministry Team to act on my behalf in granting permission for my child to receive emergency treatment. I authorize that I am a custodial parent of this child and that all information provided on this form is accurate.

<b>Date:</b>	<b>Signature:</b>
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