

Hopewell UMC  
Children's Ministries

Creative Arts

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please enter your child(ren)'s individual information on the back of this form.**

Are you available to help out with Creative Arts Ministry?    Yes    No    Maybe

Name of person available: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person responsible for picking up child(ren) at the end of evening:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Can your child(ren)'s photograph, digitized image, video and/or voice recording appear in Hopewell UMC. Children's Ministries printed publications, power point presentations, slide shows, videos, multimedia productions and website?  
Yes                      No                      Your Child/Children will not be identified by name.

Please complete the medical authorization below.

In the event of any EMERGENCY, I authorize the Children's Ministries group leader of Hopewell United Methodist Church, or their designated representative, to act in my behalf to secure necessary EMERGENCY MEDICAL TREATMENT for:

Child's Full Name \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER: (Phone number where Children's Ministry leader can reach parent, relative or legal guardian of child named above during this scheduled event.)

Parent (    ) \_\_\_\_\_

In case of emergency (when the parents cannot be reached) please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

**PLEASE ENTER CHILD(REN)'S INFORMATION ON THE REVERSE SIDE.**

Child #1

Name: \_\_\_\_\_

Sex M F

School Grade: 1 2 3 4 5 6  
(circle one)

Birth Date: \_\_\_\_\_ Name of Block: \_\_\_\_\_

Please list any allergies (including food allergies) we should be aware of:

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Please describe any other medical conditions, behavioral issues, or special needs that we should be aware of. Include any medications your child is currently taking.

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Child #2

Name: \_\_\_\_\_

Sex M F

School Grade: 1 2 3 4 5 6  
(circle one)

Birth Date: \_\_\_\_\_ Name of Block: \_\_\_\_\_

Please list any allergies (including food allergies) we should be aware of:

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Please describe any other medical conditions, behavioral issues, or special needs that we should be aware of. Include any medications your child is currently taking.

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This completed registration form can be placed in Cheri Miller's mailbox just inside Hopewell's main entrance. Or it can be mailed to the church at: Hopewell UMC 852 Hopewell Road, Downingtown, PA 19335

If you have any questions regarding registration, please contact Cheri Miller at 610-269-1545.