

St. Peter's United Methodist Church

Friday Night Friends

Registration & Emergency Form

Cost is \$10 for the first child and \$5 for each sibling. Registration is required. Submit this form to the Children's Ministries Office by the Wednesday prior to the Friday of the event.

Child's Name (1): _____ Age: _____ Date of Birth: _____

Child's Name (2): _____ Age: _____ Date of Birth: _____

Child's Name (3): _____ Age: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ City: _____ Zip: _____

Email Address: _____ Home Church: _____

Home Phone: _____ Cell Phone#: _____ Cell Phone#2: _____

Child's Special Needs/Concerns: _____

Child's Allergies: _____

Child's Likes/Dislikes: _____

How did you hear about Friday Night Friends? _____

Medical Insurance Carrier: _____ Group #: _____

Name of Insured: _____ Insurance Company Phone #: _____

Physician's Name: _____ Phone #: _____

If you cannot be reached at the above referenced number(s) for an emergency, we may contact the following individuals:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

AUTHORIZATION OF CONSENT TO TREAT A MINOR: I hereby authorize St. Peter's United Methodist Church to take my child(ren) to any licensed physician or hospital in the event of a medical emergency, if parent and contact cannot be reached.

Signature of Parent or Legal Guardian: _____ Date: _____



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