



**Davie United Methodist Church
Children's Ministry**

6500 SW 47 Street • Davie, Florida 33314 USA • 954-581-0920

Senior Pastor: Rev. Zig Bays

Student Registration / Information Form

Child's Full Legal Name: _____

Child's Date of Birth: _____ Age: _____ Grade: _____

Name of Parent(s) or Legal Guardian(s):

Address: _____

City/State/Zip: _____

Phone Numbers where I may be reached: _____ or _____

Primary email: _____

Other Authorized Emergency Contact Person(s):	Relationship(s):	Phone Number(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does your child or children get to and from church? _____

List everyone that MAY pick up your child: _____

List everyone that MAY NOT pick up you child: _____

Allergies: _____

List any known medical problems we should be aware of: _____

Parent(s)/Guardian(s):

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____