



Child Registration Form

Aug. 4th– 8th, 2008

(One form per child)

Today's Date: _____

Child's name: _____

Age: _____ Sex: _____

Child's grade (as of 9/08): _____

Parent/Guardian Name(s): _____

Home Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Relationship to child: _____

Emergency Contact Phone: _____

Known Allergies: _____

Known Medical Conditions: _____

Member of MUMC?: Yes No Where?: _____

Would you like more info on our church?: Yes No

Parent/Guardian Signature: _____