

CHILD REGISTRATION FORM
Back River United Methodist Church

Parents/Caregivers – please fully complete the form below. One form per child please. Thank you.

Child's Name: _____

Home Address (Street, City, State, Zip): _____

Home Phone: _____

Child's Date of Birth (Month/Day/Year): _____ Child's Age: _____

Grade (if between grades please specify the grade child is entering in September) _____

Mother's/Guardian's Name: _____

Cell Ph: _____ Work Ph: _____ Email: _____

Father's/Guardian's Name: _____

Cell Ph: _____ Work Ph: _____ Email: _____

Has your child been baptized? YES NO

If YES, please provide us with the following:

Date of Baptism: _____

Name of Pastor and Church: _____

Church Address: _____

EMERGENCY INFORMATION

Emergency Contact (someone other than parents listed above)

Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

CHILD HEALTH INFORMATION

Health Problems: _____

Medications: _____

Allergies: _____ Food Allergies: _____

