



McCabe United Methodist Church
1030 N. Sixth Street, Bismarck ND 58501
701 255 1160
www.mccabeumc.com

2013-2014 Registration Form For Children and Youth Programs

Child/Youth Name _____	Age _____	
Date of Birth _____	Gender _____	Grade _____
Allergies/Health Conditions _____		
Special information for the Teacher _____		

Child/Youth Name _____	Age _____	
Date of Birth _____	Gender _____	Grade _____
Allergies/Health Conditions _____		
Special information for the Teacher _____		

Child/Youth Name _____	Age _____	
Date of Birth _____	Gender _____	Grade _____
Allergies/Health Conditions _____		
Special information for the Teacher _____		

*Please complete other side also

Brothers and Sisters (name and age)

Parent Information:

Mother _____ Email _____

Cell # _____ Place of Employment _____

Father _____ Email _____

Cell # _____ Place of Employment _____

Address _____

City/State/Zip _____

Emergency Contact other than Parent:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Do you have any restrictions about how (or to whom) this student may be dismissed from class? **YES** ___ **NO** ___

Specify _____

This child may go off premises (to the capital grounds) with the class for games under supervision of the teacher / helper. **YES** _____ **NO** _____

This child / youth's picture, without identification, may be used on McCabe UMC's website or in printed materials. **YES** _____ **NO** _____

PARENT / GUARDIAN

SIGNATURE _____ **DATE** _____