



CHESTERTON UNITED METHODIST CHURCH



FAMILY INFORMATION

Thank you for taking the time to provide this important and confidential information!

We will use this material to enter your family into the CUMC database.

Today's Date: _____

Parent(s)/Guardians: _____

Mailing Address: _____

Phone(s): (____) _____ (Home) (____) _____ (Cell)

Email: _____

Child's Name	Gender	Birth Date	Allergies/Health Issues	Age/Grade	**Picture use
					__yes __no
					__yes __no
					__yes __no
					__yes __no
					__yes __no

****By circling yes, I give permission for images of my family or child, captured through video & digital camera, to be used solely for the purposes of Chesterton United Methodist Church training, promotional materials & publications.**