

First United Methodist Church  
Kid's Nigh Out  
Registration Form



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Basic Information:**

Mother/Guardian's Name \_\_\_\_\_ home phone \_\_\_\_\_  
Address \_\_\_\_\_ cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ home phone \_\_\_\_\_  
Address \_\_\_\_\_ cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Brothers and Sisters: Name \_\_\_\_\_ Age/Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age/Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Emergency Contacts: (those we may release children to if parent/guardian is unable to be reached; must be different than those listed above)

1. \_\_\_\_\_ phone \_\_\_\_\_  
Relationship to the child \_\_\_\_\_

2. \_\_\_\_\_ phone \_\_\_\_\_  
Relationship to the child \_\_\_\_\_

**Medical Information**

Health Plan Carrier: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Relationship to Policyholder: \_\_\_\_\_  
Policyholder/Insurance ID \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or medical concerns and special instructions (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in cases of an emergency, 911 may be called and my child may be taken to the appropriate medical facility. I give consent for treatment: \_\_\_\_\_ yes \_\_\_\_\_ no