

Bridgewater United Methodist Church
2011-2012 Student Information Form
(please complete a separate form for each student)

Student's Name _____

Date of Birth _____ Grade in September _____

Parents'/Guardians' Name _____

Home Address _____

Home Phone _____

Cell Phone (Mom) _____ Cell Phone (Dad) _____

Work Phone (Mom) _____ Work Phone (Dad) _____

E-Mail (Mom) _____

E-Mail (Dad) _____

Student's Cell Phone *(if applicable)* _____

Student's E-Mail *(if applicable)* _____

Alternate Phone Number / Email addresses

SPECIAL MEDICAL INFORMATION:

If your child has a known condition that might require immediate medical attention (e.g. severe allergy), please note the pertinent information below.

Please check one: I am I am **NOT** willing to have my child's photograph taken and used for church worship, displays and publicity.

By signing below, I understand that I am committing to support the Sunday School and/or Music Ministry program with my child's regular attendance and by my participation as needed throughout the program year.

Signature

Date