

Cranford United Methodist Church

(908) 276-0936

201 Lincoln Ave E, Cranford, NJ 07016

www.cranfordumc.com



L.O.F.T. Registration 2016-2017

6:30pm – 8:00 pm on Sunday nights at CUMC

Parent/Guardian: _____

Address: _____

Street and Number, Apt #

City

State

Zip

Phone number: _____ Email: _____

Phone number 2: _____ Email 2: _____

Emergency contact (other than parents); people who may pick up my children from youth group

| Name | Phone | Relationship |
|------|-------|--------------|
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| | | |
|------|-------|--------------|
| Name | Phone | Relationship |
|------|-------|--------------|

If I and/or my designated emergency contacts are not available, the supervising teacher or leader has my permission to seek emergency medical attention. Furthermore, I release CUMC and its representatives from any financial liability incurred during such emergency treatment.

I give permission for my child's likeness (picture or video clip) to be used for youth projects and/or the church website: _____ Yes _____ No _____ Please contact me with the likeness in question first.

Parent/Guardian's Signature: _____

Date: _____

Please see reverse to fill out child information.

Child: _____ Age: _____ Grade: _____

Allergies or other concerns: _____

Does your child have an Epi-pen? ____ Yes ____ No Birthdate: _____

Child: _____ Age: _____ Grade: _____

Allergies or other concerns: _____

Does your child have an Epi-pen? ____ Yes ____ No Birthdate: _____

Child: _____ Age: _____ Grade: _____

Allergies or other concerns: _____

Does your child have an Epi-pen? ____ Yes ____ No Birthdate: _____

Child: _____ Age: _____ Grade: _____

Allergies or other concerns: _____

Does your child have an Epi-pen? ____ Yes ____ No Birthdate: _____

Please use this space to indicate any further information you believe we should know regarding your child(ren):