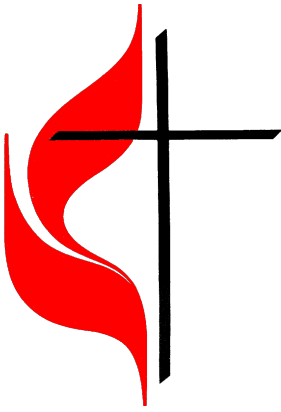


# Cranford United Methodist Church

(908) 276-0936

201 Lincoln Ave E, Cranford, NJ 07016

[www.cranfordumc.com](http://www.cranfordumc.com)



## Confirmation Registration 2016-2017

*5:00pm-6:30pm on Sunday nights at CUMC; 8<sup>th</sup> grade and up only*

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street and Number, Apt #

City

State

Zip

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number 2: \_\_\_\_\_ Email 2: \_\_\_\_\_

Emergency contact and/or people who may pick up my children from Foundations:

Name	Phone	Relationship
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Name	Phone	Relationship
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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 class 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: \_\_\_\_\_

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Does your child have an Epi-pen? \_\_\_\_ Yes \_\_\_\_ No Birthdate: \_\_\_\_\_

Will your child be joining us for L.O.F.T. meetings (6:30-8:00pm)? \_\_\_\_\_ Yes \_\_\_\_ No

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Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies or other concerns: \_\_\_\_\_

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Does your child have an Epi-pen? \_\_\_\_ Yes \_\_\_\_ No Birthdate: \_\_\_\_\_

Will your child be joining us for L.O.F.T. meetings (6:30-8:00pm)? \_\_\_\_\_ Yes \_\_\_\_ No

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Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies or other concerns: \_\_\_\_\_

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Does your child have an Epi-pen? \_\_\_\_ Yes \_\_\_\_ No Birthdate: \_\_\_\_\_

Will your child be joining us for L.O.F.T. meetings (6:30-8:00pm)? \_\_\_\_\_ Yes \_\_\_\_ No

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