



**CORNERSTONE**  
UNITED METHODIST CHURCH

**Student Registration Form**

Student's Name (First and Last): \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_ (M)\_\_\_\_ (D)\_\_\_\_ (Y)

Age: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

email: \_\_\_\_\_

Who else besides parents can pick up my child from church:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**In Case of Emergency**

Emergency Contact (If parents are not available): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Special Needs or Allergies: \_\_\_\_\_

**Authorization by Parent/Guardian:** I hereby give my permission for my child to participate in Cornerstone UMC activities and I consent that CUMC may use any pictures or videos that my child appears in for promotional purposes. I also authorize delivery of necessary emergency care by available medical personnel as needed.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_