

Slayton United Methodist Church School 2024

Student's Name: _____
First Middle Initial Last

Preferred First Name: _____ Date of Birth: ____/____/____ Grade: _____
MM DD YY

Address: _____

Parent/Legal Guardian Name:

Address: _____

Phone #: _____

Email: _____

Parent/Legal Guardian Name:

Address: _____

Phone #: _____

Email: _____

Emergency Contact in case parent or guardian cannot be reached:

Name Relationship to Child Phone Number

In addition to parents/legal guardians, does anyone else have permission to pick up your child after Wednesday Church? If so, list below:

Name Relationship to Child Phone Number

Name Relationship to Child Phone Number

Name Relationship to Child Phone Number

Does your child have permission to go home themselves (walking, biking, etc)?

Yes No

Medical Information

Does your child have any allergies or other medical conditions of which we should be aware?

Yes No (If yes, please explain)

Does your child have any diagnoses or history of behavioral or learning concerns of which we should be informed?

Yes No (If yes, please explain)

Please Share any additional information about your child that we should know to help make this a successful year.

Authorization for Participation: I give permission for my child to participate in Wednesday Church at Slayton United Methodist Church

Media Release: I, the parent/legal guardian of _____

Give Do not give

permission for Slayton United Methodist Church to use, publish, or disclose in newsletters, brochures, periodicals, posters, websites, or other media related vehicles, any photographs, videos, audios, and any other material in which my child may have appeared, spoken, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify Slayton United Methodist Church against any of their use of the materials indicated.

Signature of Parent/Legal Guardian

Date

To fill out this form online, please go to slaytonumc.org/schoolregistration



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