



Bremerton UMC  
1150 Marine Dr., Bremerton  
[bremertonumc@gmail.com](mailto:bremertonumc@gmail.com)  
360.373.4992

July 24-28, 2017  
9:00 a.m. - 12 noon

*Please complete one form for each child. Thank you for printing clearly!*

CHILD'S NAME: \_\_\_\_\_ GENDER: M F

PARENT/GUARDIAN NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SCHOOL GRADE JUST COMPLETED IN JUNE: \_\_\_\_\_  
*mm/dd/yyyy*

Does your family attend worship regularly? \_\_\_\_\_ Where? \_\_\_\_\_

ALTERNATIVE ADULTS WHO MAY PICK UP YOUR CHILD FROM MUSIC ARTS:

Name/Relationship to child: \_\_\_\_\_

Name/Relationship to child: \_\_\_\_\_

ALTERNATE PERSON TO BE RESPONSIBLE FOR CHILD IF PARENT IS NOT AVAILABLE:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD? \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

☆ This year we are trying something new—please choose one from each session:

Session 1: \_\_\_\_\_ Songs and Rhythm \_\_\_\_\_ Drumming

Session 2: \_\_\_\_\_ Art/Crafts \_\_\_\_\_ Dance

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGY ALERT INFORMATION: *Mark N/A if no known allergies*

LIST ALLERGIES:

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IS THERE ANY OTHER INFORMATION WE SHOULD KNOW ABOUT THIS CHILD? *Attach a separate sheet if necessary.*

*How did you find out about the Music/Arts Program this summer?*

- ☐ I'm a member of BUMC or the Tutoring Program.
- ☐ Read it in the newspaper (*name of paper*): \_\_\_\_\_
- ☐ Saw it on the church website.
- ☐ **Saw it on the electronic sign in front of the church**
- ☐ Saw the banner hanging in back of the church.
- ☐ Other (*Explain*):

*By checking the box(es) and signing below, you authorize and agree to the following:*

☐ *I give the staff of Bremerton United Methodist Church's Music Arts Program permission to administer first aid to my child. I understand that in case of emergency, the church staff immediately contacts the parents. If neither parent nor the emergency contact person can be reached, I hereby authorize Bremerton UMC staff/ members to release Bremerton United Methodist Church from any and all liability or claims for Bremerton United Methodist Church and hold it harmless against all expenses incurred by it in relying in good faith on this consent.*

☐ *I authorize the usage of images of my child (i.e., photos, video) by Bremerton United Methodist Church and its assignees for any lawful purpose, including such purposes as publicity, illustration, advertising, etc., in print or electronic form.*

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Guardian mm/dd/yyyy