



Richmond After School
Ministry
Registration

Richmond
United Methodist Church
112 S. Sugar Street
Richmond, Ohio 43944
740-765-4957

Child's Name: _____ (One form per child)

Grade: _____ Birthday: ____/____/____ Age: _____

Parent/Guardian Name (s): _____

Home Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Food Allergies: (circle) YES/NO - If yes, list: _____

Medical Concerns: (circle) YES/NO - If yes, explain: _____

Person(s) who may pick up child:

- 1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

***** I give the permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims with respect to copyright ownership and publications including any claim for compensation related to use of the materials.

*****I give permission to the Richmond United Methodist Church of the East Ohio Conference to use pictures of my child, listed above, in promotion of events, including the Richmond United Methodist Church website, and worship services at these events. I realize that no names will be attached to these pictures.

Parent/Guardian Name _____ Date _____

Signature _____

Please Sign-out students in the fellowship hall at 6:30 p.m.

Thank you for allowing your child to join in the Richmond After School Ministry.
It is an honor to teach the children about God's awesome LOVE!