

St. John United Methodist Church
1801 O'Malley Road, Anchorage, AK 99507 - 907-344-3025

CHILDREN'S CHRISTIAN EDUCATION
2005 - 2006 M & M and Sunday School REGISTRATION AND
EMERGENCY MEDICAL INFORMATION FORM

Child's Legal Name: _____ Name Child Goes By: _____
Last First MI

Mailing Address: _____
Street City State Zip

Date of Birth: _____ Sex: M F Age: _____ Grade in School _____ or
(month/day/year) (circle one) (at present) Age-Level of Preschool Class _____
(as of Fall, 2005)

For Infants/Toddlers: In diapers but potty training In process of potty training Potty trained
(circle the one which most fits your infant/toddler's situation at present)

Parents or Guardian:

Mother's Name: _____ Father's Name: _____ Siblings: _____
Home Phone: _____ Home Phone: _____ / _____
Work Phone: _____ Work Phone: _____ / _____
Cell Phone: _____ Cell Phone: _____ / _____
(name/age)

Insurance Information:

Insurance Company _____
Insurance Company's Address _____
Insured's Name _____
Policy # _____ Group # _____
Military Only Information: Sponsor's SS# _____ # of Child _____

Child's Physician Information:

Physician's Name: _____ Doctor's Phone #: _____
Physician's Address: _____ Preferred Hospital: _____

Emergency Contact:

Name: _____ Relationship to Child: _____
Address: _____ Phone #: _____

⇒ Allergies (including food/drugs): _____

⇒

⇒ Medications (current/ongoing): _____

NOTE: If either allergies or medication information changes during this school year, please notify the
the Church Office so that this form can be updated with the most current information.

Any other information that would be helpful for us to know about your child:

Person(s) authorized to take this child from class following Sunday School:

In the event that I cannot be reached in an emergency, I hereby give permission to the St. John United
Methodist Church representative to seek medical attention for my child AND to the physician selected by
St. John to hospitalize, to provide proper treatment, and to order injection, anesthesia, or surgery for my
child named above.

Signature of Parent or Guardian: _____ Date: _____

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Please complete this form and return it to the Church Office