



DREAMING WITH JOSEPH REGISTRATION

July 7, 14, and 21; 10 a.m. to 1 p.m.

Ages: 5-9

Cost: \$5 per day

Please provide a sack lunch

Child's Full Name _____ Date of Birth _____

Grade Completed in '10-'11 School Year _____ Allergies or Special Needs? Yes _____ No _____

If Yes, Please Explain _____

Parents' Full Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Please check the date(s) you will be attending: 7/7 _____ 7/14 _____ 7/21 _____

Are you members of Fayetteville First United Methodist Church? Yes _____ No _____

If no, who are you guests of? _____

I hereby give permission for my child to be photographed or video recorded and for these images to be published in order to celebrate this experience.

Parent/Guardian Signature _____ Date _____

Emergency Contact / Release Form

The child registered on this form may be released to the following individual(s) other than the above named parents with appropriate identification:

Emergency Contact Information:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of Physician _____ Phone _____

I will not hold the church responsible for any accident, but should the unforeseen occur and my child needs emergency medical care, the church has my permission to have my child treated by a competent physician if I cannot be reached.

Parent/Guardian Signature _____ Date _____

For Administrative Use: Paid Cash _____ Paid Check _____