



Gay Street United Methodist Church
 18 North Gay Street
 Mount Vernon, OH 43050
 Church: 740-392-6626 Fax: 740-393-3492

Nursery and Crib Room Parent Permission Form

School Year Date

I give permission for my child, _____, to be included in any photographs/video taping to be used on church website, displays, bulletin boards or other approved media. (No names will be used to identify children.)

Signed this the ____ day of _____, year _____ and valid through September _____ (next year).

Signature Parent/Guardian

Student's Name: Preferred: _____

Last	First	Middle	current age	__ / __ / ____ Birthdate
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Custodial Parent(s)/Guardian Name(s)	Address	Home Telephone
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Cell phone #	E-mail address
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<u>Name</u>	<u>Business Address</u>	<u>Business Telephone</u>
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Mother _____

Father _____

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name	Address	Telephone
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Name	Address	Telephone
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Please list names of other children in the family and their ages: _____

HEALTH CONDITIONS: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.

Signature Parent/Guardian

Date