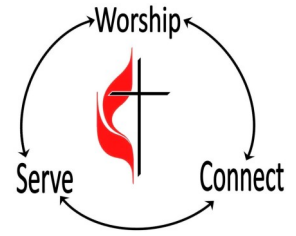


# Farmville United Methodist Church on site Child Care



Families, please complete form prior to attending your Class/Group at FUMC.

Thank you!

Child's Name	Age	Gender
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Cell Phone \_\_\_\_\_

Does your child have any medical condition(s) of which we should be aware? \_\_\_\_\_  
(allergies, medications, etc.) If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

The undersigned gives permission to his or her child to be watched over in the Nursery during the time of the parents class/group at FUMC and releases Farmville United Methodist Church, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify Farmville United Methodist Church, its officers, employees and agents from any liability or loss they might sustain by reason thereof.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_