



UNIVERSITY UNITED
METHODIST CHURCH

UUMC Music Ministry *Participant Information Form*

Thank you for sharing the following information with us so we can better serve you and your children.

CHILD'S NAME _____

GRADE _____ SCHOOL _____

BIRTHDAY _____

PARENT/GUARDIAN NAMES _____

CONTACT INFO: EMAIL _____

HOME PHONE: _____

HOW CAN WE CONTACT SUNDAY MORNING? (Cell # or Location)

ANY MEDICAL CONDITIONS OR ALLERGIES WE NEED TO KNOW ABOUT?
