



## Breckenridge United Methodist Church 5<sup>th</sup> Quarter Contact Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Parent(s)/Guardian's Phone: \_\_\_\_\_

Parent(s)/Guardian's Email: \_\_\_\_\_

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### Ways to Help

☐ Yes, I would love to be a CHAPERON.

☐ Yes, I would like to donate snacks.



### Photograph Authorization

I grant permission to photography/videotape my child. Pictures may be used for publicity purposes (i.e. church website, Facebook, flyers or brochures).

☐ Yes

☐ No

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date