



Breckenridge United Methodist Church Children's Church Contact Form

Child's Name: _____ DOB: _____

Parent(s)/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Ways to Help

- ☐ Yes, I would love to be a TEACHER
- ☐ Yes, I would love to be a NURSERY ASSISTANT.
- ☐ Yes, I would love to be a SUBSTITUTE TEACHER.
- ☐ Yes, I would be willing to help out at special Sunday School events.
- ☐ Yes, I would be willing to help with Youth Group.
- ☐ Yes, I would be willing to help with 5th Quarter.



Photograph Authorization

I grant permission to BUMC to take photographs and/or videos of my child. Photographs and/or videos may be used for publicity purposes (i.e. church website, Facebook, flyers or brochures).

☐ Yes

☐ No

Parent's Signature

Date