



Malibu United Methodist Church
Children & Youth Programs—2011/2012

Child's Name _____ DOB _____ Age _____ Grade _____

Child's Name _____ DOB _____ Age _____ Grade _____

Parent's Name (s) _____

Address _____

Home Phone _____ Cell _____ Other _____

E-mail _____

Emergency Contact Name & Phone _____

Any special needs of the child(ren) _____

I am registering my child/youth for the following programs:

Tuesday Bible Kids Grades K-2 3:00—4:30 Name _____

Thursday Bible Kids Grades 3-5 3:00—4:30 Name _____

Sunday School 3 yrs—Middle School During Worship Name _____

Name _____

Name _____

Middle School Youth Groups Sundays 5PM-7PM Name _____

High School Youth Groups Sundays 7PM-9PM Name _____

For the continuity of our programs, we are asking for a semester's commitment.

For the most part, our calendar follows the Santa Monica-Malibu Unified School District Calendar.

September 13, 2011 through January 20, 2012 is our first semester @ \$160.00

January 24, 2012 through June 15, 2011 is our second semester @ \$160.00

Includes a healthy snack, crafts, and program.

10% less for second child

Scholarships available (see Tabitha)

NO FEES FOR SUNDAY SCHOOL

Check enclosed in the amount of \$ _____

Thank you for participating in our programs WE ARE GLAD YOU ARE HERE!

Malibu Methodist United Methodist Church * 30128 Morning View Drive, Malibu, CA * 310-457-7505
malibuumc@malibuumc.org

CONSENT TO TREATMENT OF MINOR

(I), (We), the undersigned, parent(s) of _____, a minor, do hereby authorize the Malibu United Methodist Church authorized representative, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision of physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital; whether such examination, diagnosis or treatment is rendered at the office of said physician or at such a hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of section 25.8 of the Civil Code of California

Date: _____ Parent (s) _____