



Breckenridge United Methodist Church Sunday School Contact Form

Child's Name: _____ DOB: _____

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____



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/Guardian's Signature

Date

BUMC

125 Third Street • Breckenridge, MI 48615 • 989-842-3632 • www.breckenridgeUMC.org