



**WESLEY UNITED METHODIST CHURCH**

**Acolyte Registration form – 2015-16**

Name: \_\_\_\_\_

Birth day: \_\_\_\_\_ Grade this school year: \_\_\_\_\_

*Please identify your preference for which worship service you prefer:*

8:30

10:45

either/or

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

*I give my permission for my child's photograph to be used by Wesley United Methodist Church for purposes of publicity in church-related publications.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact name(s) and telephone:

\_\_\_\_\_  
\_\_\_\_\_

*Medical Release:*

*In the event of a medical emergency and I cannot be reached, I give permission to the staff of Wesley United Methodist Church to initiate the appropriate action necessary to get medical assistance for the aforementioned child.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions or suggestions, please contact Cindy Ebinger, Director of Children's Ministries  
217-345-3917 (church office), 217-232-6505 (cell), or [cebinger@charlestonwesley.org](mailto:cebinger@charlestonwesley.org)