



SUDBURY UNITED METHODIST CHURCH
Church School Registration 2016-2017



Family Name: _____

Parents' Names: _____

Address: _____ Phone # _____

Email Address(es): _____

Emergency Contact #: _____

Child's Name: _____

DOB: _____ Grade: _____ Age: _____

Is your child baptized? _____

Allergies/Medical Info: _____

Child's Name: _____

DOB: _____ Grade: _____ Age: _____

Is your child baptized? _____

Allergies/Medical Info: _____

Child's Name: _____

DOB: _____ Grade: _____ Age: _____

Is your child baptized? _____

Allergies/Medical Info: _____

Child's Name: _____

DOB: _____ Grade: _____ Age: _____

Is your child baptized? _____

Allergies/Medical Info: _____

I give SUMC permission to post pictures of my child taken at Church events on bulletin boards within the Church facility.

(please initial yes or no) _____ Yes _____ No

I give SUMC permission to post pictures of my child taken at Church events on the Church Webpage and Church Facebook Page.

(please initial yes or no) _____ Yes _____ No

I give SUMC permission to send pictures to the newspaper for the purpose of publicity. I understand that if names are used, my child's first name will appear.

(please initial yes or no) _____ Yes _____ No

Are you willing to be a lead teacher or co-teacher during the program year? (Teach 4 or more Sunday's September – June) _____ Yes _____ No

Age group preferred: _____ Pre-K&K _____ 1st-2nd _____ 3rd-5th _____ 6th-8th

Would you be a substitute teacher? _____ Yes _____ No

Would you be an assistant teacher? _____ Yes _____ No

Parent/Guardian: _____

Please sign and return to Director of Christian Education: Jackie Roder at jackie@sudbury-umc.org