

**Sunday School Registration Form Emmanuel United Methodist Church
2017 - 2018**

Name of Parent(s) or Adult Contact _____

Address(if we don't have)_____

Phone Number_____

E-mail address _____

Child's Name _____

Age _____ Grade _____

Birth date _____

Any allergies _____

Child's Name _____

Age _____ Grade _____

Birth date _____

Any allergies _____

Child's Name _____

Age _____ Grade _____

Birth date _____

Any allergies _____

Child's Name _____

Age _____ Grade _____

Birth date _____

Any allergies _____

_____ I am willing to substitute teach or assist with my child's class.

_____ You have my permission to photograph my child or children while participating in Sunday School related activities.

_____ You may display my child's photograph on church bulletin boards, facebook , church bulletins, during the worship service. Full names will not be used.

Signature: _____