

WEST BARRE UNITED METHODIST CHURCH

CHRISTIAN EDUCATION: A LIFE-LONG JOURNEY / SUNDAY SCHOOL REGISTRATION

Child's Name: _____ (one form per child)

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _(____)_____ Date of Birth: _____ Age: _____ Grade: _____

Email address: _____ Baptized? _____yes _____no

Parent Contact: _____ (____) _____

Name Phone Relationship

Parent Contact: _____ (____) _____

Name Phone Relationship

Will a parent will be in church to pick up this child after Sunday School?: _____yes _____no

Emergency Contact: _____

Name Phone Relationship

Emergency Contact: _____

Name Phone Relationship

I authorize Emergency Contacts to pick up this child from Sunday School: _____yes _____no

Allergies/Medical conditions or other concerns: _____

Is there anything you would like us to know about your child?: _____

If I am not available and a medical emergency arises, the supervising teacher has my permission to seek medical help. I give permission to have my child's picture taken for classroom projects and/or church Facebook or website; children are not identified by name.

PARENT SIGNATURE: _____ DATE: _____

Mail to: West Barre UMC Sunday School; 5377 Eagle Harbor Road; Albion, NY; 14001 **Phone:** (585) 589-5388