



SANCTUARY UNITED METHODIST CHURCH
SUNDAY SCHOOL REGISTRATION – 2022-2023
Please complete one form per child

Child's Name: _____ Nickname: _____

Birth date: ___/___/___ Age: _____ Grade: _____

Parent/Guardian's Name: _____

Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

Can parent usually be found in the church building on Sunday morning? Yes ___ No ___

Sibling Information:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Please list any allergies (i.e. food, bee stings, etc.) or food restrictions:

Emergency Information

Emergency contact person (other than parent/guardian):

Name: _____ Relation to Child: _____

Phone: _____ Cell Phone: _____

Medical Treatment Information

I, _____ (parent/guardian name) give permission for any necessary medical attention in the event of an emergency.

Parent/Guardian Signature

Date

*Insurance Company _____

*Policy Number _____

*****This information is absolutely necessary for emergency medical treatment***

Thank you for wearing a mask to protect yourself and others!

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I give permission for any photos taken of my child to be used for public relation purposes.