

Sunday School Registration Form

* Child's Name _____
* Birth date _____ * Age _____ * Grade _____

Child's Address _____ City _____

Mother's Name _____

Mother's Home # _____ Cell # _____

Father's Name _____

Father's Home # _____ Cell # _____

Parent email _____

Sibling's Name:

_____ grade _____ attend SS? Y/N

_____ grade _____ attend SS? Y/N

* Allergies or other concerns: _____

Emergency Contact #1

Name _____

Home # _____ Cell # _____

Relationship to child _____

Emergency Contact #2

Name _____

Home # _____ Cell # _____

Relationship to child _____

Name of person(s), other than parents, permitted to pick up your child:

Relationship _____

* In the event of a medical emergency, and TUMC is unable to reach my child's contacts, TUMC has my permission to seek medical attention for my child.

Parent/Guardian signature _____

Please complete one form per child so that we can update our database.

If completed on last year, fill out the asterisk (*) items and any information that has changed.