



# SUDBURY UNITED METHODIST CHURCH

## Church School Registration 2011-2012



**Family Name:** \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

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. (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 join a teaching team and teach **1 or 2 monthly sessions** of Church School?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No Age group preferred: \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-11

Would you be a substitute teacher? \_\_\_\_\_ Yes \_\_\_\_\_ No

What skills could you share as part(s) of a lesson? \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_