



# Stewartville United Methodist Church Sunday School Registration 2018-2019



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

Date of Birth: \_\_\_\_\_ Grade (fall 2018): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade (fall 2018): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade (fall 2018): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade (fall 2018): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please sign to give permission for us to use your child/children's photo on the SUMC Facebook page and other publications: \_\_\_\_\_

\*\*Please return this form to the church office\*\*