



FUMC CHILDREN'S SUNDAY SCHOOL REGISTRATION FORM

Parent/Guardian Name

Address

E-Mail Address

Phone Numbers: Home

Cell

Age Information: Date of Birth

Age

Current grade in school

Where will you be while the child is in Sunday School?

Emergency Contacts:

Name

Phone

Name

Phone

Dismissal Information: Who will pick this child up from Sunday School?
Name(s)

Allergies/Medical Information:

Does your child have any needs we should be aware of? Such as; has your child had any traumatic experiences in the last year? Experiences that you feel would help us as we inter-act with your child)(optional) i.e. (loss of pet, loved one, injury, separation from family member)

Permission: My child may have their picture on the church bulletin board.

Yes No

My child may attend special fieldtrips within the community on Sunday morning.
I will be notified well in advance of these trips.

Yes No

I Understand That Children Will Be Made Aware Of Behavior Expectations:

1. Respect each other! Use kind language at all times.
2. Listen to adult leaders and follow their direction.
3. No pushing, hitting or poking other team members or crew leaders. Consequences:
4. Verbal warning will be given
5. Time out with staff person
6. If behavior is not corrected child's parent will be called.

Person submitting registration form: (your name)

Date of submission (today's date)