



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.

Signature _____, Date _____