

**FIRST UNITED METHODIST CHURCH**  
**Children's Sunday School Registration Form — 9:00 and 10:30 AM**  
**2010 — 2011**

**Please Complete BOTH Sides of this form.**

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Phone Numbers:

Home: \_\_\_\_\_ Dad's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Children Live With: ( ) both parents

( ) mother ( ) father

Is there anyone who is not authorized to pick up your child?

\_\_\_\_\_

Additional name and address of parent if different to which you would like information sent: \_\_\_\_\_

\_\_\_\_\_

Requests : \_\_\_\_\_

Child's Full Name	Name child prefers to be called	Male or Female	Birth Date	Age	Grade in School (Fall 2009)	Medical Information (allergies, special medical condition, etc.)

My child (ren) will attend: ( ) 9:00 Sunday School ( ) 10:30 Sunday School ( ) in the nursery only  
 ( ) in nursery and 2 year old Sunday School ( ) in the 2 year old Sunday School only (must be 2 by 9/30/10)

**PLEASE RETURN COMPLETED FORM TO: Becky Peeler, First United Methodist Church, 143 Fifth Ave. So, Franklin, 37064**

A new registration form is required each year to update important information. For Additional information regarding Children's Ministry, Contact Becky Peeler (794-2734) or go to the website, [www.franklinfumc.org](http://www.franklinfumc.org).

# EMERGENCY TREATMENT

In the event of an illness or accident that requires immediate medical treatment to \_\_\_\_\_ at a time when a parent cannot be located, I give permission for an approved representative of First United Methodist Church to authorize such treatment. I will not hold the church or medical personnel responsible. In signing this I understand that every attempt will be made to contact the child's parents/legal guardian, physician, or other persons listed for emergency contact.

Date: \_\_\_\_\_

Signed:

\_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Other persons who may be notified if parents/legal guardians cannot be contacted:

Name

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\* My permission is given for my child's picture to appear in newsletters, pamphlets, web page, etc. ( ) Yes ( ) No

\_\_\_\_\_  
Parent/Guardian Signature

**Everyone is invited to share the gifts God has given you with the Children's Ministry area. Please check which Sunday school hour you are willing to serve/assist. (Please check one) \_\_\_\_\_ 9:00 AM or \_\_\_\_\_ 10:30 AM.**

**Please check where you would like to serve!**

- Teacher (Specify age or grade) \_\_\_\_\_ age \_\_\_\_\_ grade
- Shepherd (Specify age or grade) \_\_\_\_\_ age \_\_\_\_\_ grade
- Greeter Team
- Special Needs Friend
- 1st Time Visitor Team
- Coordinator serving on Children's Ministry Team
- Sunday school Coordinator (Specify Time) \_\_\_\_\_ 9:00 AM \_\_\_\_\_ 10:30 AM
- Third Grade Bible Lock-In Team
- Curriculum Team
- Children's Wednesday Night Programs \_\_\_\_\_ Younger children \_\_\_\_\_ Older Children