

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 2010)	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.

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