

Epworth United Methodist Church  
Winter 2012  
Sunday School Student Registration Form

*Student Information:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current School Grade \_\_\_\_\_  
(as of 8/25/11)

Any Allergies?    Yes    No    (Please list below.)

Any Medications?    Yes    No    (Please list below.)

Does your child have any special needs we should be aware of?    Yes    No

*Parent / Guardian(s) Information:*

*Primary Contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Do you have any gifts or talents you could share with our Sunday school? \_\_\_\_\_

*Secondary Contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

*Additional Contacts may also be listed on the back of this page*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

*Dismissal Information:*

Please note that Immediately following Sunday morning worship service all children are required to be picked up from their respective classrooms. Please list below the names of any church members or friends authorized to pick up your child in your absence:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_