

Mary Taylor Memorial UMC Sunday School Registration Form

School Year: _____

Today's Date _____

Student Name _____

Date of Birth: _____

Address: _____

City / State/ Zip: _____

Age: _____

Current Grade: _____

School or Pre-School Attending: _____

1st Parent's /
Guardian's Name _____

Address (if
dif't.): _____

Telephone
(if dif't): _____

Parent's Cell Phone: _____

Email Address: _____

Parent's Church: _____

2nd Parent's /
Guardian's Name _____

Address (if
dif't.): _____

Telephone
(if dif't): _____

Parent's Cell Phone: _____

Email Address: _____

Parent's Church: _____

Emergency Contact Name _____

Emergency Phone (other than above) _____

Who (other than above) is authorized to pick up student? _____

Or, may student leave when class is over? (3rd grade and older only): Yes No

Parent/Guardian Signature to 1) authorize pick up by names referenced above and 2) dismiss student without parent pickup:



Student's siblings:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Student is interested in: Children's Choir Youth Fellowship Acolyte Bible Bearer Youth Choir
(circle all that apply)

Student allergies: _____

Important medical information for student: _____

Baptism Information:

Has student been baptized: Y / N
If yes, which church? _____
If no, would you like information about baptism? Y / N

Confirmation Information

Has youth been confirmed? Y / N
If yes, which church? _____
If no, would you like information about confirmation? Y / N

Student's Other Interests:

Is student / parent involved in Scouting? Y / N If Y, type of scouting / troop # _____
Does student play a musical instrument? If so, which instrument? _____

Volunteer opportunities for parents/guardians

(circle all that apply)

Baking Teaching Arts/Crafts Reading Classroom Helper Pageants/VBS Mailings Other

Comments:
