



Sunday School Registration

All About

_____ (Child's Name)

Parent(s) Name _____

Address _____

Phone # _____

Email Address _____
(will be used for program reminders & emergency closing information only)

Child's Birthday _____ Age _____

Please detail any allergies or medical conditions that we should be aware of?

Please detail any behavioral issues or special needs that we should be aware of. Include any medications your child is currently taking.

I give permission for my child to be photographed for use in Hopewell U.M.C. Children's Ministries printed publications, power point presentations, and/or to appear on the Hopewell U.M.C.'s children's website. YES NO

Signature: _____ Date: _____

PLEASE COMPLETE & RETURN THIS FORM TO YOUR CHILD'S TEACHER AS SOON AS POSSIBLE.