

# Sunday School Registration Form

## United Methodist Church of Chugiak

Sunday School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Additional Parent/Guardian Information (if applicable)

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's 1) special interests: \_\_\_\_\_

2) strengths: \_\_\_\_\_

3) weaknesses: \_\_\_\_\_

Any health issues/ allergies: \_\_\_\_\_

Emergency contact: I will probably be in the church building: \_\_\_\_\_

Other contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Names of other adults who have permission to pick up your child (identification will be required):

\_\_\_\_\_

Are you able to volunteer time /donate supplies/ provide food for special occasions?

\_\_\_\_\_

Please provide any additional information you feel would assist us in working with your child on the reverse side. Thank you.