

Buffalo United Methodist Church
Sunday School Registration 2017-18

Complete just one form per family. Please return to the church office.

NOTE: Children must be 3 years old by September 1 to register for Sunday School.

1) Child's Full Name _____ Birth Date _____

Baptized Yes ___ No ___ Date _____ Church _____

Male ___ Female ___ School Grade _____

Name your child uses (if different from above) _____

List any health conditions, special needs, family situations or social concerns we should be aware of:

2) Child's Full Name _____ Birth Date _____

Baptized Yes ___ No ___ Date _____ Church _____

Male ___ Female ___ School Grade (if applicable) _____

Name your child uses (if different from above) _____

List any health conditions, special needs, family situations or social concerns we should be aware of:

3) Child's Full Name _____ Birth Date _____

Baptized Yes ___ No ___ Date _____ Church _____

Male ___ Female ___ School Grade (if applicable) _____

Name your child uses (if different from above) _____

List any health conditions, special needs, family situations or social concerns we should be aware of:

4) Child's Full Name _____ Birth Date _____

Baptized Yes ___ No ___ Date _____ Church _____

Male ___ Female ___ School Grade (if applicable) _____

Name your child uses (if different from above) _____

List any health conditions, special needs, family situations or social concerns we should be aware of:

(Please complete both sides of registration form)

Family Information

Note: If not living with a parent, please provide guardian information below.

Father's Name _____ Mother's Name _____

Father's Cell Phone _____ Mother's Cell Phone _____

Home Address _____ City _____ Zip _____

Home Phone _____

Family Email address(es) _____

Child(ren)'s parents or guardian (circle one):

married divorced separated remarried never married

Child(ren) lives with: Mother Father Other (List Relationship) _____

Names and phone numbers of other adults who may pick up your child(ren) _____

Name and description of adult NOT authorized to pick up your child(ren) _____

Check here if interested in information about Buffalo United Methodist Preschool (BUMP)? _____

Parent Volunteer Opportunities

Please check below if there are places you would consider volunteering and someone will contact you:

_____ Sunday School teacher

_____ Sunday School helper

_____ Sunday School team member

_____ help occasionally Sunday mornings

Name of volunteer(s) _____

Parental Permission (Please initial each section you agree to and then sign below.)

1) Buffalo United Methodist Church has my authorization to act in an emergency situation when I cannot be reached or there will be a delay in my arriving. I understand that all medical costs are the parent/guardian's responsibility. _____ (initial)

2) My child(ren) has permission to participate in walking field trips through out year. Field trips requiring transportation will require individual permission forms for each trip. _____ (initial)

3) I grant permission for my child(ren)'s photo to be taken and/or be video taped. Photos and videos will be used within the program (bulletin boards, teaching materials, etc.) or in promotional materials for the preschool (newspaper, website, flyers etc.). Photos used for public relations will generally not identify any child(ren) by name. _____ (initial)

Parent/Guardian Signature _____ Date _____