

**Buffalo United Methodist Church**  
**Sunday School Registration 2020-21**

**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 \_\_\_\_\_