

Buffalo United Methodist Church
Sunday School

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

1) Child's Full Name _____ Birth Date _____
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 _____
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 _____
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 _____
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:

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) _____

(Please complete both sides of registration form)

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 _____