ENROLLMENT FORM FOR 2015-2016 SUNDAY SCHOOL REGISTRATION

Please complete this form, and give it to Julie Kukreja
Please print information. You only need to complete one form per family.

| Student Name | Baptized (NO, or if YES please include date) | Date of Birth | Gender | Grade | Allergies / Medical Concerns (use backside if needed) |
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| Parent/Guardian Name(s) email address: | | | | | |
| Address | | | | | |
| (please check preferred ph) Home Phone() Cell Phone () | | | | | |
| Other information helpful for teacher (i.e. does your child/ren have any known behavioral, mental, physical, or other special need—use backside if needed) | | | | | |
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| Christ United Methodist Church requests the right to take photographs/videos of your child/ren for lawful purposes, including publicity, news reports, and/or web content— <u>no names will be used on the website or in the press.</u> (please check responses below) | | | | | |
| □ I grant Christ U.M.C. permission to photograph or video my child/ren for the following (please check which ones): □ CUMC DVD/CD □ CUMC newsletter (e-news) or bulletin □ CUMC website □ newspaper | | | | | |
| □ I do not grant Christ U.M.C. permission to photograph or video my child/ren | | | | | |
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| We are looking for teachers and volunteers lessons. The curriculum is easy to follow a | | | | | |
| I'd like to help in our Sunday School | //Nursery as: □ | Sunday School | Teacher | □ Class | sroom Helper □ Nursery Attendant |