



Alexandria United Methodist Church
2018-2019
Sunday School Registration

CHILD'S NAME: _____
(One child per registration form)

Address: _____

Birthdate: _____ **Age:** _____ **Class Entering Fall 2018:** (Circle one)
Preschool K 1st 2nd 3rd 4th 5th

ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION:

Parent(s)/Guardian(s) Name: _____

Email: (You may list as many as you like. All will be added to our email group)

Preferred Phone: _____

Emergency Contact (If parent/guardian cannot be reached):



Name: _____

Phone: _____ Relationship to Child: _____

Media Release: by checking this box you are allowing Alexandria UMC to use photos/videos of the child listed above in all forms of media (website, Facebook, newsletter, slide show, etc.).

PARENTS:

The success of our Sunday school program depends on the help of many people! Please mark below if you would like to teach or assist in a Sunday school class. Youth are welcome to teach or help in a classroom, too!

Preschool _____

Kindergarten, 1st & 2nd Grade _____

3rd, 4th & 5th Grade _____