

Montgomery United Methodist Church
SUNDAY SCHOOL REGISTRATION 2011-12

Child's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Home Email _____

Parent(s) Name: _____

Allergies: (circle one) Yes No

If yes, please specify: _____

Dietary Restrictions: (circle one) Yes No

If yes, please specify: _____

Other Health Conditions (e.g. Asthma) (circle one) Yes No

If yes, please specify: _____

Does your child have any special needs that we need be aware of? (circle one) Yes No

If yes, please explain: _____

Parent Signature