

Montgomery United Methodist Church  
Sunday School Registration Form 2017-18



Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Contact Email: \_\_\_\_\_

Allergies: Yes/No If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Does your child have an Epi Pen: Yes/No

Dietary Restrictions: Yes/No If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Other Health Conditions: (e.g. Asthma) Yes/No If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs that we need to be aware of? Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Person(s) Authorized to pick up your child from class: \_\_\_\_\_

\_\_\_\_\_

\*\*Please let us know if any information changes so we can update our records.