

FIRST UNITED METHODIST CHURCH OF SHELTON

2009-2010 Sunday School Registration



it's for life!

Student Information

Student's Name: *First* _____ *Middle Initial* _____ *Last* _____

Nickname: _____ Date of Birth: _____

Address: _____

Phone: _____ Grade level starting this year in school: _____

Allergies: _____

Medications: _____

Medical and/or Physical Limitations: _____

Any additional information you would like to share concerning your child: _____

Person to contact other than you in case of emergency: _____

Relationship to child: _____ Phone: _____

To be filled in by teacher or Chairperson of Education: Class: _____ Teacher: _____

Student Information

Student's Name: *First* _____ *Middle Initial* _____ *Last* _____

Nickname: _____ Date of Birth: _____

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To be filled in by teacher or Chairperson of Education: Class: _____ Teacher: _____

Student Information

Student's Name: *First* _____ *Middle Initial* _____ *Last* _____

Nickname: _____ Date of Birth: _____

Address: _____

Phone: _____ Grade level starting this year in school: _____

Allergies: _____

Medications: _____

Medical and/or Physical Limitations: _____

Any additional information you would like to share concerning your child: _____

Person to contact other than you in case of emergency: _____

Relationship to child: _____ Phone: _____

***Parent/Guardian's Signature** _____ **Date** _____

To be filled in by teacher or Chairperson of Education: Class: _____ Teacher: _____

Parent Information

Female Guardian: _____ Relationship to child: _____

Address & Phone Number (*If different from the child's*): _____

Email: _____

Contact me regarding teaching Sunday School: YES _____ NO _____

I am interested in helping out in my child/children's class if needed: YES _____ NO _____

Male Guardian: _____ Relationship to child: _____

Address & Phone Number (*If different from the child's*): _____

Email: _____

Contact me regarding teaching Sunday School: YES _____ NO _____

I am interested in helping out in my child/children's class if needed: YES _____ NO _____

Completed form should be returned to the church office:

*First United Methodist Church of Shelton
188 Rocky Rest Road
Shelton, CT 06484
Attn: Sunday School*