



New Milford United Methodist Church 2015-2016 Sunday School Registration Form

Name _____

Birthdate _____ Grade _____ School _____

Parent(s) name(s) _____

Street Address _____

City _____ State/Zip _____

Cell Phone _____ Home Phone _____

Email Address(es) _____

During Sunday school, the parents are:

Adult Sunday School Service/Fellowship Hall _____

Siblings Name & Grade _____

In case of emergency, contact number _____

Allergies or other medical conditions _____

Other concerns or information: _____

Please list name(s) of person(s) who are authorized to pick up this child.

Children will be brought to the Fellowship Hall after Sunday school class and must remain there for pick-up.



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Name _____ Grade: _____

Photography release:

I give my permission for my child's picture to be taken and used in church publications.

Initials: _____

First Aid Release:

I give my permission for the above named Sunday schooler to receive basic first aid treatment during Sunday school if necessary. Initials: _____

Medical Release:

I (we), the undersigned parent(s) or guardian(s) of, a minor, _____ do hereby authorize adult volunteers of Sunday school at New Milford United Methodist Church, as agent(s) for the undersigned to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability the Sunday school staff, in the event of an accident during program hours of Sunday school. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/legal guardian: _____ Date: _____

Address: _____

Contact number(s) during Sunday school: _____

Home: _____ Cell: _____

Work: _____

Health Insurance Company: _____ Policy Number: _____

Doctor's Name: _____ Phone: _____