

Sunday School Registration 2010-2011

Child's Name _____
Last Name First Name Age

Address City, State, Zip

Home Phone e-mail

Birthday Grade Parent/Guardian Name

Emergency Contact Relationship

Please list below those persons who are authorized to pick up your child during activities at the church.

Please list below any persons who are unable to have contact with your child.

Please list the areas and times you would like to volunteer with Sunday School this year.

Please list any allergies your child has or any other health concerns we should know about.

From time to time pictures are taken of the children during activities.

I give permission for my child to be photographed. YES NO

Parent Signature _____ Date _____

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