

**Salem United Methodist Church
Sunday School Registration
4K through 5th Grade
2019 – 2020**

Parents: Complete one form per family.

This form will be used as an emergency contact sheet and will be placed in each classroom where you have a child .

E mail addresses will be used to communicate important Sunday School information to your family.

PARENT/ GUARDIAN NAME: _____ PHONE: _____

MAILING ADDRESS: _____

E MAIL: _____

CHILD(REN)'S NAME AND BIRTHDATE	GRADE FALL '19	Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS:

NAME	PHONE	RELATION TO CHILD(REN)
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN VOLUNTEER OPPORTUNITIES CRITICAL TO A SUCESSFUL SUNDAY SCHOOL EXPERIENCE FOR YOUR CHILD
(PLEASE CHECK ALL INTERESTS)**

- Teacher Snacks (approx. 10-12 students) Canister of lemonade – dry mix
 Service Project Chaperone Substitute Teacher
 Supplies – dry erase markers, white board eraser, white board cleaner, facial tissue, napkins, cups, small plates
 Other explain: _____

Please Circle: Yes/ No to Use Photographs: I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child(ren) may be used by Salem United Methodist Church on the church website. I understand that his/her last name will not be used for publicity purposes.

Parent or Guardian's Signature

Date