

# 2017-2018 Sunday School Registration

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Mother/Parent \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Siblings \_\_\_\_\_

Father/Parent \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Siblings \_\_\_\_\_

## MEDICAL INFORMATION

### ALLERGIES:

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Pediatrician \_\_\_\_\_

Comments \_\_\_\_\_

## PHOTO RELEASE

I give permission for my child's picture to appear on the Brunswick United Methodist Church website. (No names will be listed on the website.)

Yes  No

I give permission for my child's picture to appear in a PowerPoint during a Sunday Church service.

Yes  No