



# Middletown United Methodist Church

## 2016/2017 Sunday School

### REGISTRATION FORM



PLEASE TYPE OR PRINT CLEARLY		
Child Name:		
Date of Birth:		
Grade Entering in September:		
Medical Conditions:		
If Yes, please explain:		
Parents' Names:		
Street Address:		
City, State, Zip Code:		
Home Phone:		
Mobile Phone(s):		
Email Address(es):		
Emergency Contact:		
Emergency Contact Phone:		
Name of adult(s) authorized to drop off/pick up child:		
Additional Comments:		

**We regularly and periodically take photos and videos at Middletown UMC events intended for public and future use on our church website and publications. We NEVER divulge names, grades, or locations in photos or videos. Do we have your permission for your child(ren) to be included? (Please circle one): YES or NO**