

Middletown United Methodist Church
SUNDAY SCHOOL REGISTRATION FORM

Please complete one form for **each** child to be registered. The form will be transmitted electronically when you press the "Submit Form" button at the upper right-hand corner. Please check your information carefully before submitting then allow for processing time. You can also print the form(s) in Word format and mail it to the address at the bottom or leave it in one of the Superintendent's mailboxes in the Sunday School wing.

Student's Name: _____

Gender: Boy Girl Birth Date: _____

Age: _____ Grade: _____ School: _____

Medical Conditions: _____
(Examples: Allergies, Diabetes, Hypertension, etc.)

Parents' Names: _____

Home Street Address: _____

City, State & Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Parent Email Address: _____
(Please print clearly)

Student Email Address: _____
(Optional - please print clearly - we will not email the student without the parent's knowledge)

Home Church: _____



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