



2017-18 WUMC Children's Sunday School Registration

Please use back if more writing room is need.

Parents or Guardians _____

Address(es) _____ ZIP _____

Preferred Email Address _____ Whose? _____

Home Phone _____ (Circle best number) Best time to call? _____

Mom's Cell _____ Dad's cell _____

Child #1

Last Name _____ First Name _____ M F

Birth Date _____ Age as of 9/01/2017 _____ Child's School _____ Grade _____

***Learning, Health or Allergy Alerts:** _____

Child #2

Last Name _____ First Name _____ M F

Birth Date _____ Age as of 9/01/2017 _____ Child's School _____ Grade _____

***Learning, Health or Allergy Alerts:** _____

Child #3

Last Name _____ First Name _____ M F

Birth Date _____ Age as of 9/01/2017 _____ Child's School _____ Grade _____

***Learning, Health or Allergy Alerts:** _____

***Important Concerns or Other information** (such as life situations, personality or learning challenges) we should know about that will help us meet his/her needs? ALL information is considered CONFIDENTIAL.

NOTE: For safety reasons, we must know how to contact you while your child is in our care.

Each week PARENTS need to complete the sign-in sheet at their child's class.

Parents' usual location during the Sunday School hour:

Continued on other side. →

Medical and Photo Release Statement

Child 1 name: _____

Child 2 name: _____

Child 3 name: _____

Permission for Photos: We may be photographing the children during Sunday School and other church activities for use in church publications, such as the church website, newsletter, social media and/or in a slide show during Sunday services. No names will be attached to photos. Please check a permission option below, if none is checked permission to use photos will be assumed.

Please check one: _____ I GIVE PERMISSION _____ I DO NOT GIVE PERMISSION to use my child(ren)'s photos in this way.

Signature of Parent/Guardian _____

Children's Ministries programs are made possible by the loving volunteers who staff them.

Please check the area in which YOU will help this year:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Teaching ___Grade | <input type="checkbox"/> Seasonal programs | <input type="checkbox"/> Children's Ministry Council | <input type="checkbox"/> SS Data Entry |
| <input type="checkbox"/> Assisting Teachers | <input type="checkbox"/> Substitute teaching | <input type="checkbox"/> Set up for special events | <input type="checkbox"/> F.I.S.H. |
| <input type="checkbox"/> Acolyte assistance | <input type="checkbox"/> Worship Binder prep | <input type="checkbox"/> VBS Planning_____ During VBS_____ | |

Thanks for helping make it possible for children to grow in faith here at Westlake UMC!

Megan Getman, Director of Children's Ministries mgetman@westlake-umc.org