

Jackson United Methodist Church
2016-2017 Sunday School Registration Form

Name of Parent(s)/Guardian(s): _____

Home Phone: _____ Email Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Address: _____ City: _____ Zip: _____

Name (List Each Child)	Birthdate	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

EMERGENCY INFORMATION

Emergency contact person in event parents cannot be reached:

Name _____ Phone: _____

Relationship to child/family _____

MEDICAL

Does your child(ren) have any allergies or medical problems we should be aware of? YES ___ NO ___

If YES, note the child's name, allergy, and treatment method or medical problem. Please be aware that we may serve food and juice at snack time and we may have class outdoors.

Name(s) and allergy info: _____

(Please use other side for more space)

We periodically take pictures of the children in our classrooms, during special events, and during worship services. These pictures are sometimes posted online on our website and social media pages, which are accessible by the public. **Names of the children pictured are not posted.** However, if you wish that Jackson UMC does not post a picture of your child, please check the box below:

- I do not want my child pictured in any photos accessible through any JUMC-affiliated websites or social media pages.

Parent's Signature _____