

**Jackson United Methodist Church**  
**2017-2018 Sunday School Registration Form**

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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. _____	_____	_____

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**EMERGENCY INFORMATION**

Emergency contact person in event parents cannot be reached:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child/family \_\_\_\_\_

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**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)

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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 \_\_\_\_\_