

Damascus United Methodist Church  
**SUNDAY SCHOOL REGISTRATION FORM**

(Please fill out one per child)

Name: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sunday School Grade: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Telephone Numbers:  
Home \_\_\_\_\_ Other numbers: \_\_\_\_\_

Mother \_\_\_\_\_ (cell) \_\_\_\_\_

Father \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Who will pick up the child after Sunday School or what arrangements have you made with your child that will generally be followed?:

\_\_\_\_\_  
\_\_\_\_\_

Other Concerns/Comments: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to child: \_\_\_\_\_

*\*\* Often times the classes need parent volunteers to help. If you are able to help out, please ask your child's teachers in what areas they may need assistance.*

**\*\*\*PLEASE REMEMBER:** *Sunday School is from 9:30am-10:30am. Please make sure your child arrives at his/her class no earlier than 9:30 and please pick them up by 10:30!!*

**THANK YOU!!!**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_