

Campbell United Methodist Church

2016-2017 Sunday School Registration

Sunday School Registration for 2016-2017 is open to all students in preschool through high school.

Questions? Contact: **Kallie Stroh**, Director of Children and Family Ministries
kalliestroh@campbellunited.org or 408-378-3472 x14

Family Information

Parent/Guardian 1: *(First & Last Name)*: _____

Address: _____ City: _____ Zip: _____

Land-line Phone: _____ Work Phone: _____

Cell Phone: _____

During the program year, we communicate with our families via email.

Primary Email Address *(Required)*: _____

Parent/Guardian 2: *(First & Last Name)*: _____

Address *(If different than above)*: _____

Land-line Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

We are:

Members of CUMC

Non-members

Would you member information? Yes No

Child 1 Information

Full Name *(First, Middle and Last Name)*: _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2016: _____

Baptized: Yes No Denomination/Date: _____

Special Needs, Allergies, Additional information we should know about your child: _____

Name of person/s allowed to pick up your child from Sunday School: _____

Child 2 Information

Full Name *(First, Middle and Last Name)*: _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2016: _____

Baptized: Yes No Denomination/Date: _____

Special Needs, Allergies, Additional information we should know about your child: _____

Child 3 Information

Full Name (First, Middle and Last Name): _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2016: _____

Baptized: Yes No Denomination: _____

Special Needs, Allergies, Additional information we should know about your child: _____

Parent/Guardian Volunteer Participation

Volunteers are vital to the success of Children’s Ministry. If you are interested in volunteering, please let us know!

Volunteer Name: _____

Volunteer Contact Number and Email: _____

Area you would like to volunteer: _____

Emergency Contact Information

Emergency Contact Name (Other than Parent/Guardian): _____

Relationship: _____

Primary Phone on Sundays: _____ Is this a: Cell Home Work

Secondary Phone on Sundays: _____ Is this a: Cell Home Work

Name of person/s who are allowed to pick-up your child/ren from Sunday School: _____

CUMC uses photos of Sunday School children for communications such as: newsletters, bulletins, slide presentations, and web pages.

Parent/Guardian Signature: _____ Date: _____