

SUNDAY SCHOOL REGISTRATION FORM

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

CHILD'S ADDRESS: _____

PARENT'S NAMES: _____

MOTHER'S PHONE NO: _____ FATHER'S PHONE NO: _____

EMAIL ADDRESS: _____

SIBLINGS THAT ARE ALSO ATTENDING SUNDAY SCHOOL: _____

ALLERGIES OR OTHER HEALTH CONCERNS: _____

EMERGENCY CONTACT #1

NAME: _____

PHONE NO: _____ RELATIONSHIP: _____

EMERGENCY CONTACT #2

NAME: _____

PHONE NO: _____ RELATIONSHIP: _____

NAME OF PERSON(S), OTHER THAN PARENTS, PERMITTED TO PICK UP YOUR CHILD:

RELATIONSHIP: _____

**In the event of a medical emergency, and TUMC is unable to reach my child's contacts,
TUMC has my permission to seek medical attention for my child.**

PARENT/GUARDIAN SIGNATURE: _____

**PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CHILD ATTENDING SUNDAY SCHOOL AND
RETURN TO THE OFFICE OR SCAN AND EMAIL TO: SUEPIRONE@HOTMAIL.COM**