

Sunday School Registration

2020-21

Minooka United Methodist Church



Please provide us the following information about your child. All information given will be kept confidential with your child's Sunday school teacher. The information will be used to assist teachers in providing a program that meets the needs of all children. Please complete a form for each child enrolled in Sunday school.

Child's Name: _____ Nick Name: _____

Child's Birthdate: _____ Grade (Fall 2020) _____

Parents'/guardians' names: _____ Parents' phone: _____

Parent's E-mail: _____ Home Address: _____

Please check this box if you would like to pick up lesson plans monthly.

Allergies: _____

Additional information to help the teachers get to know your child

Names and ages of siblings: _____

Favorite subject in school: _____

Favorite activities: _____

Pets: _____

Sports: _____

Family members who are members of our congregation: _____

Fears: _____

Please add additional special information about your child on the back of this form.

Publication of Photo Release

Yes No

I grant permission for Minooka United Methodist Church to publish photographs or images of my child without identifying information in any church-sponsored publication including, but not limited to, church brochures, church video recordings, church newsletters, church Facebook site, and the church website. This permission is valid for the current church school year from September 1, 2020 through September 1, 2021. I understand that I will be asked again to grant permission to publish at the beginning of each new church school year. I may revoke this permission at any time by notifying the church office staff in writing.

Printed parent/guardian name

Printed student name

Parent/guardian signature

Student signature

Grade in school (fall)

Date