



Damascus United Methodist Church

Sunday School Registration Form

(Please fill out one form per student)

Student's Name: _____ Today's Date: _____

Birthday: _____ Age: _____ Sunday School Grade: _____

Parent(s) Names: _____

Phone numbers

Home _____ Cell _____

Other _____

Email Address: _____

Home Address: _____

Allergies: _____

For children 3rd grade or younger, who will pick up the child after Sunday School or what arrangements have you made with your child that will generally be followed?

Special needs/Other concerns/comments: _____

Emergency Contact: _____ Phone # _____

I would like to be notified about church and Sunday School events by:

_____ Email or _____ Regular mail

(cont. on back)

Please indicate below if your child's image can be used by Damascus UMC, for church purposes only, including but not limited to: still photography, video, electronic and print publications and websites:

_____ Yes, you may use my child's image for Damascus UMC media

_____ No, you may not use my child's image for Damascus UMC media

Signature: _____ Date: _____