SUNDAY SCHOOL REGISTRATION 2015 - 2016

Please fill this out (one per family) and return to the church's youth & children's office Chatham United Methodist Church • 460 Main Street Chatham NJ 07928 • youthchatumc@optonline.net

Family Name/s:		
Parents/Guardian Name/s:		
Address:		
Home Telephone:	E-mail:	
Other contact information (i.e. Cell Phones):		
<u>Child's Name</u> ●	Age & Birthday	Grade in School
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Any allergies or other conditions we should know about?

In the event of a **medical emergency**, we will make every attempt to find you; if we are unable to, do you give the staff of CUMC Sunday School permission to seek medical help for your child? Yes \square No \square

Doctor's Name and Telephone #:

Insurance Company:

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Insurance Holder & Policy #:

My child(ren) would be interested in the following children's and youth ministries:

 Bell Choir (3rd grade and up) Youth Bible Studies Youth Fellowship Youth Drama 		
I would be interested in <u>helping</u> in the following ministries:		
 Children's Church (working with children during sermon) Youth RISE Fundraising Coordinator 		
I give permission for photographs/videos of my child/children to be used in:		
CUMC Circuit Rider Newsletter		

Signature Date For forms received electronically, your email will serve as your signature

For more information on children's and/or youth programs, please email youthchatumc@optonline.net