



## 2016-17 Children's Sunday School Registration

*Please use back if more writing room is need.*

Parents or Guardians \_\_\_\_\_

Address(es) \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ Whose? \_\_\_\_\_

Home Phone \_\_\_\_\_ (Circle best number) Best time to call? \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's cell \_\_\_\_\_

**Child's #1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M ☐ F ☐

Birth Date \_\_\_\_\_ Age as of 9/01/2016 \_\_\_\_\_ Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Learning, Health or Allergy Alerts:** \_\_\_\_\_

**Child's #2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M ☐ F ☐

Birth Date \_\_\_\_\_ Age as of 9/01/2016 \_\_\_\_\_ Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Learning, Health or Allergy Alerts:** \_\_\_\_\_

**Child's #3** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M ☐ F ☐

Birth Date \_\_\_\_\_ Age as of 9/01/2016 \_\_\_\_\_ Child's School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Learning, Health or Allergy Alerts:** \_\_\_\_\_

**\*Important Concerns or Other information** (such as life situations, personality or learning challenges) we should know about that will help us meet his/her needs? ALL information is considered CONFIDENTIAL.

**NOTE:** For safety reasons we must know how to contact you while your child is in our care.

Each week PARENTS need to complete the sign-in sheet at their child's class.

Parents' usual location during the Sunday School hour: \_\_\_\_\_

*Children's Ministries programs are made possible by the loving volunteers who staff them.*

Please check the area in which YOU would like to help this year:

- |                                              |                                              |                                                      |                                                              |
|----------------------------------------------|----------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Teaching ____ Grade | <input type="checkbox"/> Seasonal programs   | <input type="checkbox"/> Children's Ministry Council | <input type="checkbox"/> SS Data Entry                       |
| <input type="checkbox"/> Assisting Teachers  | <input type="checkbox"/> Substitute teaching | <input type="checkbox"/> F.I.S.H.                    | <input type="checkbox"/> VBS Planning _____ During VBS _____ |
| <input type="checkbox"/> Other _____         |                                              |                                                      |                                                              |

**Thanks for helping make it possible for children to grow in faith here at Westlake UMC!**

Megan Getman, Director of Children's Ministries [mgetman@westlake-umc.org](mailto:mgetman@westlake-umc.org)