



Genesis United Methodist Church

Sunday School and Children Church Registration Form

(For Children 2 years old by August 31, 2018 through 5th Grade of the 2019-2020 school year)

Your Children:

Child's Full Name	DOB	Grade 2019-20	School	Year Round or Traditional YR or T	Year Round Track 1 2 3 4

Allergies and other health, dietary, behavioral concerns and restrictions (identify which child):

Is there anything else your child's teacher needs to know to best meet the needs of your children? (i.e. fears, behavioral issues, special learning needs)

Parent / Guardian Information

Parent/Guardian(s) Name(s): _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Email: _____ 2nd Email: _____

Emergency Contact Info (Where can we find you/how can we contact you during Sunday School?)

Parent/Guardian (1)	Parent/Guardian (2)
Location:	Location:
Cell phone:	Cell phone:

We are members of or regularly attend Genesis UMC, or We are new to Genesis UMC.

Parent/Guardian Signature: _____