



2017-2018 Sunday School Registration

Sunday School Registration for 2017-2018 is open to all students in preschool through high school. If you have questions, please contact: Kallie Stroh, Director of Children and Family Ministries
kalliestroh@campbellunited.org or 408-378-3472 x14

Family Information

Parent/Guardian 1: (First & Last Name): _____

Address: _____ City: _____ Zip: _____

Land-line Phone: _____ Work Phone: _____

Cell Phone: _____

During the program year, we communicate with our families via email.

Primary Email Address (Required): _____

Best way to contact parent/Guardian: E-mail Text Phone

Parent/Guardian 2: (First & Last Name): _____

Address (If different than above): _____

Land-line Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

We are (please select one): Members of CUMC Non-members
Would you member information? Yes No

Child 1 Information

Full Name (First & Last Name): _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2017: _____

Baptized: Yes No Denomination/Date: _____

Does your child require accommodations? (Learning support, allergies, etc.): _____

Additional information we should know about your child: _____

Name of person/s allowed to pick up your child from Sunday School: _____

Child 2 Information

Full Name (First & Last Name): _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2017: _____

Baptized: Yes No Denomination/Date: _____

Does your child require accommodations? (Learning support, allergies, etc.): _____

Additional information we should know about your child: _____

Name of person/s allowed to pick up your child from Sunday School: _____

Child 3 Information

Full Name (First & Last Name): _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2017: _____

Baptized: Yes No Denomination: _____

Does your child require accommodations? (Learning support, allergies, etc.): _____

Additional information we should know about your child: _____

Name of person/s allowed to pick up your child from Sunday School: _____

Parent/Guardian Volunteer Participation

Volunteers are vital to the success of Children’s Ministry. If you are interested in volunteering, please let us know!

Volunteer Name: _____

Volunteer Contact Number and Email: _____

Area you would like to volunteer: _____

Emergency Contact Information

Emergency Contact Name (Other than Parent/Guardian): _____

Relationship to student: _____

Primary Phone on Sundays: _____ Is this a: Cell Home Work

Secondary Phone on Sundays: _____ Is this a: Cell Home Work

Medical Release

I give my permission for my child(ren) to attend Sunday School at Campbell United Methodist for the 2017-2018 school year. In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff or volunteers to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Parent/Guardian signature: _____ **Date** _____

Photo Release (please print names clearly)

I, _____, parent/guardian of the minor/s _____

give permission

do **not** give permission

for images of my child to appear in church publications, on the church website, in church videos, promotional literature, advertisements and other printed/electronic material.

Signature _____ **Date** _____

(For partial permissions, e.g., permission for child to appear in printed material and slideshows shown in worship, but not online media, such as website, please specify below and sign.)