



Long Neck United Methodist Church
2018-2019 Traditional Sunday School
Registration Form

Student's Name: _____

DOB: _____ Age: _____ This year's School Grade: _____

Parent or Guardian: _____

Home number: _____ Cell number: _____

Email: _____ Notify me by: Call Text Email

Address: _____

Brothers or Sisters: _____

Others that may pick up my child: _____

Special Instructions: (*medications*) _____

Food Allergies: _____

Photograph Approval:

Please indicate if we may have permission to share pictures taken of your child by showing on the screen in church, posting them on the LNUMCH website or in other church publications.

___ **YES**, I give my permission. ___ **NO**, I do not give my permission.

Communion Approval:

On the first Sunday of each month, children are invited to attend communion during 1st service. Please indicate if your child may participate with us.

___ **YES**, I give my permission. ___ **NO**, I do not give my permission.

Parent/Guardian signature: _____