



Washington UMC

Sunday School Registration Form for 2015-2016

Please complete this form by September 1, 2015

This form can be:

- mailed back to the church office at 116 E Washington Ave, Washington, NJ 07882
- handed to Amy Cousins
- dropped in the offering plate any Sunday

Our 2015 Sunday School will begin on September 13th from 10:15 to 11:15 immediately following our 9:15 worship. We would love to have your kids join us!

Name of Parent(s): _____

Address: _____ City _____ Zip _____

Phone: (home) _____ Are you a member of Washington UMC? YES NO NOT SURE

E-mail address: (we communicate via e-mail when possible) _____

If you have an additional contact information for other family members, please share with us:

Name of Parent, Grandparent, Guardian, etc: _____

Address: _____ City _____ Zip _____

Phone: (home) _____

E-mail address: _____

<u>Child's Name</u>	<u>Grade (2015-2016)</u>	<u>Birth Date</u>

If your child has allergies or health concerns that our volunteer Sunday School staff should know about, please check here _____ and list that information on the back of this sheet.

If your child has any special needs that our volunteer Sunday School staff should know about so we can be better prepared with appropriate materials and extra help, please check here _____ and a member of our Christian Education Committee will contact you.

Please contact Amy Cousins at 908-303-7438 with any questions or concerns.

PHOTO RELEASE!

I hereby authorize the United Methodist Church of Washington to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the Washington United Methodist Church's printed publications and website.

I acknowledge that since participation in publications and websites produced by the Washington United Methodist Church is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by the Washington United Methodist Church confers no rights of ownership whatsoever. I release the Washington United Methodist Church, its officers, trustees, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

PLEASE LIST ALL MINOR CHILDREN BELOW:

Name _____

_____ (Print Signature)

_____ (Street Address)

_____ (City, State, Zip)

_____ (Signature)