**Belvidere United Methodist Church**

**Christian Education Registration**

**2017-2018**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student’s Name** | **Age** | **Grade –**  **Fall 2017** | **Birthday** | **Allergies/Special Needs** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, parent/guardian of the child(ren) named above, understand that s/he will be attending Sunday school

and related activities with my full knowledge and permission. S/he may participate in all scheduled

activities, except as I may stipulate in writing to the leaders in charge. I give permission to the Belvidere

UMC to make non-commercial use of any photographs taken of my child(ren). Further, if in the judgment

of the leaders in charge, it becomes necessary to obtain medical care for my child, they have my full

permission to do so. I will assume full responsibility of such arrangements, including payment of expenses incurred thereby and shall indemnity and hold harmless the Belvidere UMC, its employees, agents and/or volunteers for any and all liability with respect thereto.

At the conclusion of each Sunday school class:

\_\_\_\_\_\_ I will pick my child(ren) up in the assigned classroom. If I am late, my child(ren) will be in the

Fellowship Hall with his/her teacher.

\_\_\_\_\_\_ My child(ren) has permission to leave the classroom alone.

\_\_\_\_\_\_ On communion Sundays, I would like my child released to receive communion.

**I have read and agree with the attendance policy dated September 1, 2017.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am willing to help Church/Sunday School by:

\_\_\_\_\_\_\_\_\_\_ Being an assistant teacher \_\_\_\_\_\_\_\_\_\_ Being a substitute teacher

\_\_\_\_\_\_\_\_\_\_ Decorating Bulletin Boards \_\_\_\_\_\_\_\_\_\_ Helping in nursery (during worship)

\_\_\_\_\_\_\_\_\_\_ Helping with Sunday School Programs (i.e., Christmas Pageant)

If you can, any help is appreciated!