

Northside UMC Sunday School Registration Form 2019-2020

1 Form per Family Please ~ Please Print ~ Thank you

Student Information

First Name	Last Name	Grade entering 2019	Birthday	T-Shirt Size

Student's Mailing Address(es):

Residential Address(es) (If different from Mailing):

Parent/Guardian's Name's:	Relationship to Student(s)	Cell Phone Number

Home Phone Number: _____

Family Email Address: _____

Child/Youth's Name	Their Cell Phone Number	Their Email Address

Emergency and Health Information (Other than Parent/Guardian)

Emergency Contact Name	Relationship to Student	Phone Number

Family Insurance Company: _____

Policy #: _____

Family Physician: _____

Physician's Phone #: _____

Allergies and Medical Conditions

Student's Name	Past Medical History	Allergies	Medications

Does your child(ren) have any **special needs, behavioral problems, learning disabilities or special situations** that the Director should be aware of? *(If you have any additional information concerning your child(ren) that would be useful to Sunday school Teachers and staff please attach information to form.)*

Northside UMC Photo Consent

With the understanding that his or her photo may be displayed in any publications, multimedia production, display and advertisement or on the World Wide Web publication only in connection with promoting Northside UMC programs. This also includes facebook.com. I release and forever discharge the Northside UMC of Brewster, Massachusetts from any and all claims and demands arising out of or in connection with the use of said photographs/images/film.

Circle One

- 1. YES, Northside may photograph my child
- 2. NO, Northside may not photograph my Child

Signature of Parent/Guardian: _____ Date: _____

Reviewed by

Date: