



New Milford United Methodist Church
 Sunday School Registration Form

Name _____ Birthdate _____
 Street Address _____
 City _____ State/Zip _____
 Grade _____ School _____
 Parent/legal guardian _____ Date _____
 Email Address(es). _____
 Cell Phone _____ Home Phone _____
 In case of emergency, contact number _____
 During Sunday school, the parents are Service/Fellowship Hall _____
 Allergies or other medical conditions _____

 Other concerns or information: _____

Photography release:

I give my permission for my child's picture to be taken and used in church publications.
 Initials: _____

First Aid Release:

I give my permission for the above named Sunday schooler to receive basic first aid treatment during Sunday school if necessary.
 Initials: _____

Medical Release:

I (we), the undersigned parent(s) or guardian(s) of, a minor, do hereby authorize adult volunteers of Sunday school at New Milford United Methodist Church, as agent(s) for the undersigned to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability the Sunday school staff, in the event of an accident during program hours of Sunday school. This agreement does not apply to claims for intentional misconduct or gross negligence.

Health Insurance Company: _____ Policy Number: _____

Doctor's Name: _____ Phone: _____

Please list name(s) of person(s) who are authorized to pick up this child (18 years or older).

**Children will be brought to the Fellowship Hall after Sunday school class
 .and must remain there for pick-up.**

