

Grade \_\_\_\_\_

**Reisterstown United Methodist Church  
2017-18 Sunday School Registration and Emergency Form**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Nickname</b>
<b>Street Address</b>		<b>City, State</b>	<b>Zip Code</b>
<b>Phone 1</b>	<b>Phone 2</b>	<b>Student Birth Date</b>	<b>Grade</b>
<b>Parent/Guardian</b>		<b>Parent Email</b>	
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone</b>	
<b>Physician</b>		<b>Physician Phone</b>	
<b>I would be willing to be a parent helper in my child's class:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>			

**Allergy and Health Concerns**

If your child has allergies, particularly food allergies, you must advise us on this form. Our volunteer staff cannot assume responsibility for prevention of allergic reactions. Likewise, if your child has a health concern that might limit his or her participation in certain activities, please note this on the form and call it to the attention of the Sunday school superintendent and teacher. Please use an additional paper for complex health issues.

**Allergies or other health concerns**

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<b>Who will usually be dropping off and picking up your child for Sunday School:</b>			
<b>Their cell phone (in case we need to contact them during Sunday School):</b>			
<b>Where will we typically be able to find them (check one or more):</b>			
<b>Sanctuary</b>	<b>Library</b>	<b>Building 308</b>	<b>Other:</b>

Please provide any additional information that might be helpful to us in working with your child (e.g. learning styles, potty training instructions, behavior management strategies, etc.)

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Medication Addendum

<b>My child will need to take medication while in this program:</b>	<b>Yes</b>	<b>No</b>
<b>Name of medication:</b>		
<b>Dosage:</b>	<b>Frequency:</b>	
<b>I give my permission (choose one):</b>	<input type="checkbox"/> for my child to self administer his/her medications.	
	<input type="checkbox"/> for the supervising adult to administer my child's medication	
<b>Date:</b>	<b>Parent Signature:</b>	