



First United Methodist Church

201 West South Street, Woodstock, IL 60098
Telephone: 815-338-3310 Fax: 815-338-8066

www.woodstockfirstumc.org email: fumcwoodstock@sbcglobal.net

SUNDAY SCHOOL REGISTRATION **2014-15**

Child's Name _____ Age _____ Birth Date _____ Grade in School _____

Address _____

Home Phone # _____ Parents' Cell Phone # _____

Parent / Guardian Name(s) _____

Email Address(s) _____

Please check if your child has: No Bible A Bible A Beginner's Bible

Which Sunday School classroom would you prefer:

Nursery (0-4 yrs old) PreK (4 yr olds) – 1st grade 2nd – 4th Grade 5th -6th Grade

Confirmation Class High School Youth Group

Disabilities: _____

Allergy / Drug Reactions: _____

Current Medications: _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Name _____ Phone _____

WHO MAY PICK UP MY CHILD(REN)

Name _____ Phone _____

Name _____ Phone _____

Pictures will be taken of Sunday School activities and some will be used during morning worship. Additionally some will appear on the church website (w/o names). If you have a concern about this, please contact Carol Nurse, Sunday School Superintendent.

yes no In case of medical emergency during Sunday School, I give permission to the authorized personnel to secure the necessary emergency care or services of a licensed physician or medical facility.

Parent / Guardian printed name _____

Parent / Guardian Signature _____

Date _____

First United Methodist Church of Woodstock

**Permission Slip
Walking Field Trips/Outdoor Classes
During Sunday School**

I (we) give consent for my (our) minor child:

to participate in any walking field trip/outdoor class during regular Sunday School hours for the 2014-2015 school year.

Parent or Guardian Signature:

_____ Date: _____

Emergency phone numbers:
