



## Church School Registration Form 2016

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Family Name (Last): \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age (as of 9/1/2016): \_\_\_\_\_ Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Interests & Activities: \_\_\_\_\_

Special Needs, Food Allergies: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age (as of 9/1/2016): \_\_\_\_\_ Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Interests & Activities: \_\_\_\_\_

Special Needs, Food Allergies: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age (as of 9/1/2016): \_\_\_\_\_ Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Interests & Activities: \_\_\_\_\_

Special Needs, Food Allergies: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age (as of 9/1/2016): \_\_\_\_\_ Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Interests & Activities: \_\_\_\_\_

Special Needs, Food Allergies: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

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

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

Father/Guardian's Name: \_\_\_\_\_

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

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

Family e-mail address: \_\_\_\_\_

(over)

Where can a parent/guardian be contacted during Sunday School time in an emergency?

\_\_\_\_\_ in adult class    \_\_\_\_\_ at home    \_\_\_\_\_ other location - phone # \_\_\_\_\_

If Sunday School is in need of help in the following area(s) please call me:

\_\_\_\_\_ Telephoning

\_\_\_\_\_ An extra pair of hands

\_\_\_\_\_ Donating supplies

\_\_\_\_\_ Prayer Support

\_\_\_\_\_ Food for special occasions

\_\_\_\_\_ Substitute Sunday School Teacher

\_\_\_\_\_ My suggestion: \_\_\_\_\_

Is there any other information that would assist us in working with your child(ren)?

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Covenant United Methodist Church cares about the well-being and privacy of our community's children and youth. We want to be able to share all the fun of experiencing GOD'S LOVE at Covenant. We request your permission to publish your child's picture and name in the local newspapers, other media, or on our church's website.

I approve \_\_\_\_\_

I do not approve \_\_\_\_\_

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

Covenant United Methodist Church • 212 W. Springfield Road • Springfield, PA 19064

Phone: 610-544-1400

Visit our website at [www.covumc.com](http://www.covumc.com)