

**Sunday School & Youth Group  
REGISTRATION FORM  
2011-2012**

CHILD'S NAME \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

FAMILY ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

\*\*My Child will be participating in the  
Thursday Youth Fellowship.\*\*

(Ages 5 through 6<sup>th</sup> grade) YES \_\_\_\_\_ NO \_\_\_\_\_

.....  
ADDITIONAL INFORMATION:

*MEDICAL CONDITIONS:* \_\_\_\_\_

\_\_\_\_\_  
*MEDICATIONS:* \_\_\_\_\_

\_\_\_\_\_  
*ALLERGIES:* \_\_\_\_\_

\_\_\_\_\_  
*Please share any additional information that will assist in making your child's  
experience a positive one at 1<sup>st</sup> UMC.*

\_\_\_\_\_  
**I am willing to volunteer as an assistant or helper: \_\_\_ 1x mo.**

**\*\*PLEASE FEEL FREE TO MAKE ADDITIONAL COPIES OF THIS FORM. ONE PER CHILD  
PLEASE.\*\***