

BAKER MEMORIAL UMC  
Sunday School Registration

Family Name \_\_\_\_\_ Hm Ph \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

What is your preferred method of contact? (circle one) Phone Email Text

What is the best day/time for meetings? \_\_\_\_\_ events? \_\_\_\_\_

Yes, I am interested in:  Teaching Sunday School (4-5 wk commitment)  Shepherding in Sunday School (10+ wk comm)

Substitute teaching  Helping organize family events  Volunteering in the Nursery

Parent/Guardian \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

What is your preferred method of contact? (circle one) Phone Email Text

What is the best day/time for meetings? \_\_\_\_\_ events? \_\_\_\_\_

Yes, I am interested in:  Teaching Sunday School (4-5 wk commitment)  Shepherding in Sunday School (10+ wk comm)

Substitute teaching  Helping organize family events  Volunteering in the Nursery

**EMERGENCY CONTACT INFORMATION**

Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Hm Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

**AUTHORIZED TO PICK UP** (other than parent(s)/guardian(s) listed above)

Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Hm Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

**Where will you be during 9:00 a.m. worship?** \_\_\_\_\_

Photo Policy - I give permission for my child(ren) to be photographed or video recorded strictly for use in Baker Memorial UMC print and online publications.

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

\_\_\_\_\_  
Date

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**Child #1**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M / F

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Shirt size \_\_\_\_\_

Allergies/Medications \_\_\_\_\_

Favorite school activities: \_\_\_\_\_

Please describe any special needs your child has that you would like to share with your child's teacher:

\_\_\_\_\_

\_\_\_\_\_

**Child #2**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M / F

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Shirt size \_\_\_\_\_

Allergies/Medications \_\_\_\_\_

Favorite school activities: \_\_\_\_\_

Please describe any special needs your child has that you would like to share with your child's teacher:

\_\_\_\_\_

\_\_\_\_\_

**Child #3**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M / F

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Shirt size \_\_\_\_\_

Allergies/Medications \_\_\_\_\_

Favorite school activities: \_\_\_\_\_

Please describe any special needs your child has that you would like to share with your child's teacher:

\_\_\_\_\_

\_\_\_\_\_

**Child #4**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M / F

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Shirt size \_\_\_\_\_

Allergies/Medications \_\_\_\_\_

Favorite school activities: \_\_\_\_\_

Please describe any special needs your child has that you would like to share with your child's teacher:

\_\_\_\_\_

\_\_\_\_\_

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