

# Sunday School Registration (2019/20)

\* Please submit form for all children (up to three) per household. Today's Date: \_\_\_\_\_

Name of child 1 (First, Middle, Last)	Date of Birth	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all medical conditions limiting child's activities (i.e. food allergies, medication allergies, and physical limitations.)

Child's Grade (2019/20):  Is child enrolled in school? (Circle) Yes No  
 Is child baptized? (Circle) Yes No

Name of child 2 (First, Middle, Last)	Date of Birth	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all medical conditions limiting child's activities (i.e. food allergies, medication allergies, and physical limitations.)

Child's Grade (2019/20):  Is child enrolled in school? (Circle) Yes No  
 Is child baptized? (Circle) Yes No

Name of child 3 (First, Middle, Last)	Date of Birth	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all medical conditions limiting child's activities (i.e. food allergies, medication allergies, and physical limitations.)

Child's Grade (2019/20):  Is child enrolled in school? (Circle) Yes No  
 Is child baptized? (Circle) Yes No

Home Address (Street, City, Zip)		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian 1 Information:

Name	Email Address	Cell Phone (please include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address (Street, City, Zip)	Check if same as child's <input type="checkbox"/>
<input type="text"/>	<input type="text"/>

Parent/Guardian 2 Information:

Name	Email Address	Cell Phone (please include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address (Street, City, Zip)	Check if same as child's <input type="checkbox"/>
<input type="text"/>	<input type="text"/>

**Please turn over**

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Emergency Contact Information:

Name	Email Address	Cell Phone (please include area code)

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Relation to Child

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Pick-Up arrangements: Please list all adults that we may release your child to. (First/Last Name)

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**Photo Release**

I am aware that photographs or video may be taken of United Methodist Church of Vista (UMC Vista) Children’s Ministry participants during events, activities, and classes by UMC Vista volunteers and staff members, professional volunteers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve of publications that contain photographs of my child.

I release UMC Vista and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I give UMC Vista and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertisements and editorial purposes. This may include but is not to newsletters both print and email, posters, brochures, ads, post cards, and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

- Yes, I agree to the above stated photo release.
- No, I do not agree to above stated photo release.

Parent/Guardian and signature

Date

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