

Sunday School Registration 2015-2016

Hillsdale United Methodist Church

349 Hillsdale Ave. Hillsdale, NJ 07642

201-664-5231

www.hillsdaleumc.org

Last name _____

Parents/Guardian _____

Home address _____

Street and Number, Apt #

Town

State

Zip

Home Phone _____ Cell Phone _____

Email(s) _____

Child	Date of Birth	Grade in Sept.	Allergies	*Alerts: Y/N
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

*Alert questions: 1. Does your child have an Epi-pen? _____

2. Are there any family situations we should be aware of? Eg: custody issues; learning issues; other matters (please specify) _____

Emergency contact during Sunday School time:

_____ I will probably be in the church building.

_____ Other _____

I'd like to help in our Sunday School as a: _____ Sub/teacher _____ Classroom Assistant _____ Nursery Helper.

We will be taking some pictures of the classes. If you have a problem with that please let the superintendent know.

Parent's Signature _____ Date _____