

# Sunday School Registration | 2016-2017

## Hillsdale United Methodist Church

349 Hillsdale Ave. Hillsdale, NJ 07642

201-664-5231

[www.hillsdaleumc.org](http://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 \_\_\_\_\_