

Reisterstown United Methodist Church

2007-2008 Sunday School Registration

Full Name: _____
Last First Middle Nickname

Address: _____
Street No. Apt. No. City/State Zip
Code

Phone: _____ Birth Date: _____ Grade: _____

Parent(s)/Guardian(s): _____

Allergy and Health Concerns

If your child has allergies, ***particularly food allergies***, you must advise us on the registration form. Please consult the Allergy Alert/Ingredient List each week. If there are ingredients that your child should not be exposed to, please notify a member of the administrative staff at sign-in, and we will arrange for your child to participate in an alternate activity. Our volunteer staff cannot assume responsibility for prevention of allergic reactions. You are always welcome to accompany your child to any station and/or to provide a separate, safe snack for your child. Likewise, if your child has a health concern that might limit his or her participation in certain activities, please note this on the registration form and call it to the attention of a member of the administrative staff.

If your child has food allergies, will you provide a safe snack? Yes: _____ No: _____

Allergies or other health

concerns: _____

Please provide us with any information on learning styles and strategies or any other information which might help our teachers do a better job of teaching your child: _____

In case of emergency during the Sunday School hour, I can be located in: (church, another area of building, other class, etc): _____

Emergency contact other than parents: _____

Phone No. for emergency contact: _____

Doctor: _____ **Phone No.** _____

I would be willing to be a parent helper in my child's class - Yes:___ No:___

Please review the Parent-Teacher Handbook for detailed information about our Sunday School Program!