



Suncreek United Methodist Church
Sunday School and Nursery Registration Form

Confidential Information - Bring to Children's Office or Email to robyn.tschantz@suncreekumc.org.

Child's Name _____ Date of Birth _____

Siblings: Names and Ages _____

Address _____

City _____ State _____ Zip Code _____

Grade Level or class _____ Gender M F Baptized Y N _____ Where _____

Parent/Guardian Name (s) _____ Member Y N

Email _____

Home phone _____ Cell phone _____ please ** preferred phone

Emergency Contact in case parent/guardian cannot be reached:

Name _____ Phone _____ Relationship _____

Medical Information

Allergies: _____

Medical Condition/Medications: _____

Other conditions or disabilities: _____

Medical Release in Case of Emergency

I hereby give Suncreek UMC authorization to have my child treated in case of a medical emergency.

Parent/Guardian Signature and Date

Photo Release Form

I hereby give SUMC the right to photograph my child and publish these photographs and videos on the Suncreek UMC Facebook page, SUMC Website, flyers and in worship or other church venues.

Parent/Guardian Signature and Date

____ I am able to volunteer in Children's Ministries ____ I can be a substitute