

Attendance Record:

- 1. _____
- 2. _____

For Office Use Only

Grade Assignment	_____
Registration Date	_____

BRECKSVILLE UNITED METHODIST CHURCH SUNDAY SCHOOL REGISTRATION

Student's Name: _____

Birthdate: _____

Student's Cell Phone #: _____

Grade for 2009-10: _____

Student's Home Address: _____ Zip Code _____

Student's Best Email Contact Address _____

List allergies or other special needs of Student: _____

Mother's Name: _____

Mother's Home Phone: _____ - _____ - _____

Mother's Cell Phone: _____ - _____ - _____

Father's Name: _____

Father's Home Phone: _____ - _____ - _____

Father's Cell Phone: _____ - _____ - _____

Which parent should we contact in case of emergency? _____

Siblings' Names & Birthdates: _____

Where will parent be during Sunday School generally?

- In BUMC building generally
- Off premises

Best method to reach Parent during Sunday School hour:

- Home Phone
- Cell Phone M or F
- Come to classroom # _____