

Christ United Methodist Church
2025- 2026 Children's Sunday School and Youth Registration Form
(Please complete one per student)

Student Information (Name) _____

Birth Date: _____

School attending: _____

Grade in school: _____

Parent or Guardian Contact Information

Parent or Guardian's name: _____

Address: _____

Home Phone #: _____ Work Phone # _____

Cell phone #: _____ E-mail: _____

Parent or Guardian's name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Emergency Contact Information

Name: _____ Home phone # _____

Relationship to student _____ Cell phone # _____

Additional Information (Student's interests and activities)

Medical concerns or allergies we should be aware of:

Confirmation Date: _____ Interested in Confirmation? ____

Baptismal date: _____ I would like information about
Baptism. _____

Publicity

I will allow my child's picture to be used for church publicity in the "Spire" (church newsletter), church website, church Facebook, or newspaper. Yes ____ No ____