

Lacey United Methodist Church 2021-22 Sunday School Registration Form

NAME:		
Birthday:	Age:	School Grade:
Address:		Phone:
		Cell Phone:
Should we email or to	ext updates and reminde	ers as necessary? (circle your preference)
Is your child a member	of any community service	groups? (Boy/Girl Scouts etc.) If yes, which one(s)?
Any allergies?		
Siblings attending Sund Names/Ages:	ay School?	
Details of any other in	nformation you feel it wo	uld be important for us to know about:
NAMES OF ADULTS W	/ITH PERMISSION TO PI	CK CHILD UP IN MY STEAD:
(Please remember your	child is not allowed to lea	ve Sunday School unaccompanied)
NAME OF PERSON(S)	RESTRICTED FROM PIG	CKING UP MY CHILD:
I normally sit <i>upstair</i> s	/downstairs to the left/rig	ght side during Worship Service. (circle what applies)
	to the details given on	School at Lacey United Methodist Church. Should this form I understand that it is my responsibility to
Signed (parent/guardian):		Date:
		Church to use any photographs/videos, which may ol in newsletters, Powerpoint, LUMC website and/o
Signed (parent/guard	ian):	Date:
Is there any other infor	mation that would assist :	us in working with your shild? (Plaase use reverse side

Is there any other information that would assist us in working with your child? (Please use reverse side of this page.)