



# ELEMENTARY CHILDREN Sunday School 2009 - 2010

GRADE '09 - '10 \_\_\_\_\_

NAME  \_\_\_\_\_  
Last First Middle Name usually called

**CHILD'S INFORMATION**

HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ BAPTIZED? YES \_\_\_\_\_ NO \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE— As of September 1, 2009 \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
Are there any special needs, concerns, illnesses, health problems or situations that might affect this child's adjustment in Sunday School? \_\_\_\_\_  
\_\_\_\_\_

**PARENTS' INFORMATION**

NAMES (1) \_\_\_\_\_ (2) \_\_\_\_\_  
RELATION TO CHILD (1) \_\_\_\_\_ (2) \_\_\_\_\_  
OCCUPATIONS (1) \_\_\_\_\_ (2) \_\_\_\_\_  
WORK PHONES (1) \_\_\_\_\_ (2) \_\_\_\_\_  
E-MAIL ADDRESSES (1) \_\_\_\_\_ (2) \_\_\_\_\_  
HOME ADDRESS (1 or 2) \_\_\_\_\_  
(If different from child's) CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
MCFARLIN MEMBER(1) YES \_\_\_ NO \_\_\_ (2) YES \_\_\_\_\_ NO \_\_\_\_\_  
ADULT SUNDAY SCHOOL CLASS ATTENDING \_\_\_\_\_

**MEDICAL RELEASE**

IN CASE OF EMERGENCY IF PARENT CANNOT BE LOCATED  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
I hereby release and agree to hold harmless McFarlin Memorial United Methodist Church and its staff from any and all liability associated with the medical care and treatment of my child by a qualified health care provider. I further authorize, in case of emergency, accident or medical crisis involving my child, McFarlin Memorial United Methodist Church and its staff to transport and authorize for the treatment of my child any and all care necessarily determined by an authorized/qualified health care provider in my absence while my child is under the custody, care and control of McFarlin Memorial United Methodist Church.  
I also, give permission for videotapes and/or photographs of my child to be used by McFarlin Memorial United Methodist Church for the purpose of identification, education or promotion in both internal/external publications.  
Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_