



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 _____