McFARLIN MEMORIAL
UNITED METHODIST CHURCH

YOUNGER CHILDREN
Sunday School 2009-2010

CHILD'S INFORMATION

NAME _____
First Middle Last Name usually called

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? _____

_____

PARENT'S 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) _____ CITY ____ STATE ___ ZIP _____
(If different from child's)

MCFARLIN MEMBER(1) YES ☐ NO ☐ (2) YES ☐ NO ☐

ADULT SUNDAY SCHOOL CLASS ATTENDING _____

IN CASE OF EMERGENCY IF PARENT CANNOT BE LOCATED
NAME _____ PHONE _____
PHYSICIAN _____ PHONE _____

MEDICAL RELEASE

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 _____